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ABSTRACT

The manual contains technical assistance, information, and suggested strategies for staff who work with children enrolled in Head Start who are affected by substance abuse. The information is intended to bring about change and improvement in the developmental potential of these children. Chapter 1 presents general information on children affected by substance abuse; the impact on their behavior; developmental and educational possibilities; and how the Head Start model lends itself to supporting these children. Chapter 2 highlights effective strategies for improving services, including (1) seven recommended interventions; (2) steps to modify local programs; (3) examples of innovations by local Head Start programs; (4) suggestions for building links among educators, family services, parents, and staff; (5) ways Head Start staff can establish these links; and (6) suggestions for parental and caregiver involvement. Chapter 3 describes techniques to improve program support by facilitating program transitions, training in substance abuse issues, key issues in hiring new staff, strengthening program policies, and finding community partners to support at-risk children. Chapter 4 discusses priorities for resource allocation and tools to use in analyzing the investment needed to implement recommended strategies. Seven exhibits provide checklists and worksheets for management team utilization. (SD)

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Helping Children Affected By Substance Abuse:

A Manual for the Head Start Management Team

STAFF PREPARATION & SUPPORT
PREVENTION & FAMILY WELLNESS
COMMUNITY COLLABORATION & PARTNERSHIPS
EARLY INTERVENTION, REFERRAL & SUPPORT

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Helping Children Affected By Substance Abuse:

A Manual for the Head Start Management Team

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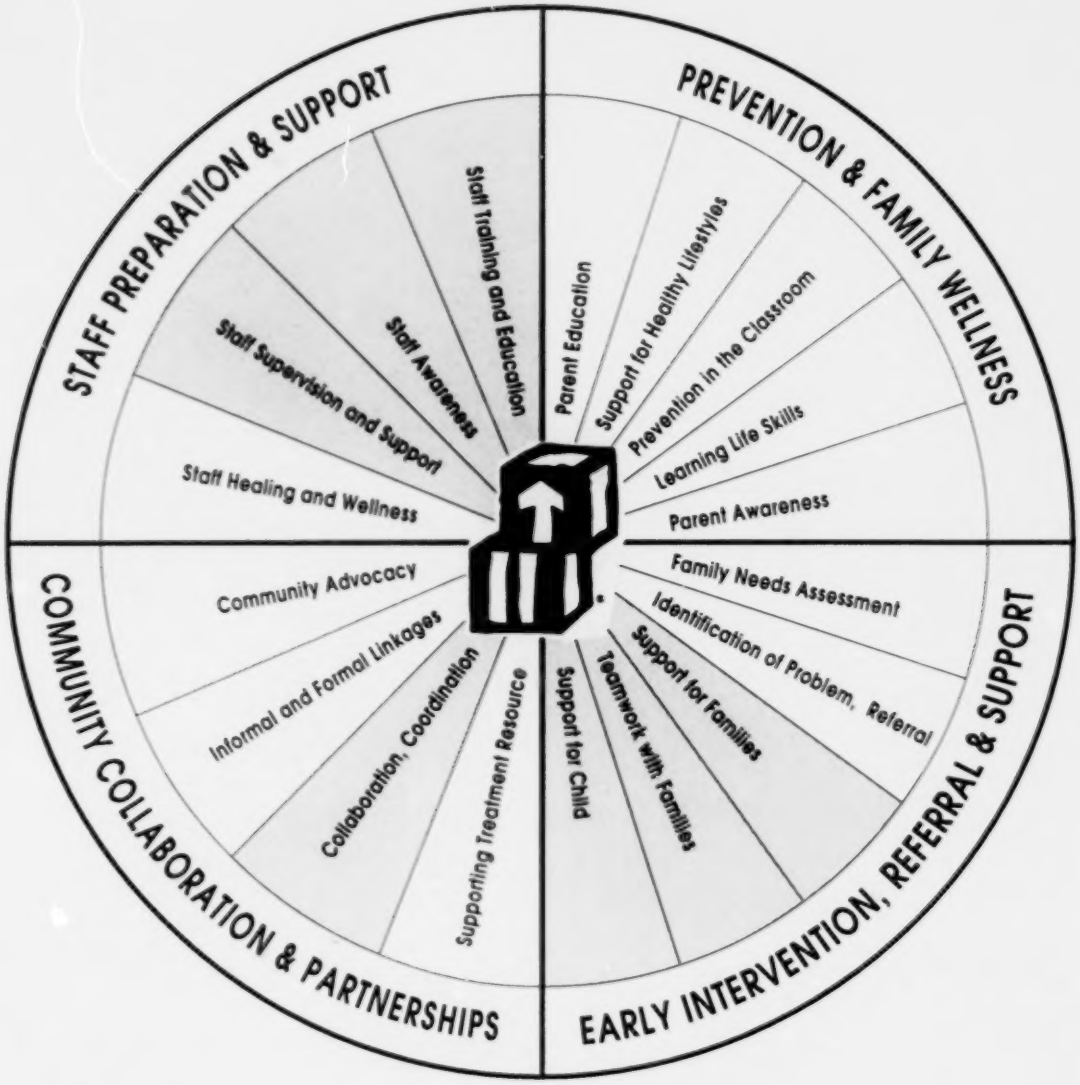

HEAD START
SUBSTANCE ABUSE CIRCLE OF CAPACITIES

The content of this manual addresses the shaded areas in the circle.

The Head Start Substance Abuse Circle of Capacities

In order to help families who are involved with the abuse of alcohol, tobacco and other drugs, as well as those who are at risk of involvement, Head Start programs need to develop a continuum of services, as illustrated in the Head Start Substance Abuse Circle of Capacities. This continuum encompasses four major areas: (l) Staff Preparation and Support; (2) Family Prevention and Wellness; (3) Early Intervention, Referral and Support; and (4) Community Collaboration and Partnerships.

1. Staff Preparation and Support

Fundamental to any Head Start program is staff preparation and support, to enhance staff ability to meet the needs of Head Start families and children. Roles and responsibilities of the Management Team in this area include:

- Making staff aware of the problem of substance abuse;
- Providing education regarding the nature of chemical dependency and its causes, as well as training in methods of working with families to support their needs;
- Offering opportunities for staff healing and wellness; and
- Strengthening line staff supervision to ensure that they have the support and direction necessary to meet the needs of families.

2. Family Prevention and Wellness

Another key element of Head Start programs is enhancing family wellness and preventing the abuse of alcohol, tobacco and other drugs through the development and support of family resiliency. Toward this end, the Management Team has the following roles and responsibilities:

- Providing a wide range of activities to support a healthy lifestyle among Head Start families;
- Providing family education in health and wellness;
- Supporting the development of effective parenting and adult life skills; and
- Increasing family awareness of the problem of substance abuse.

3. Early Intervention, Referral and Support

Early intervention is the third major component of Head Start programs. Staff development focuses on helping families to identify substance abuse issues, making referrals for treatment and other services, and supporting families as they recover. Management Team roles and responsibilities include:

- Enhancing the family needs assessment to address concerns of substance abuse;
- Helping families to identify their problems and referring them to treatment;
- Establishing linkages, both within Head Start and with outside agencies, to increase family access to comprehensive services that are responsive to their needs;
- Supporting children affected by substance abuse who experience stress, abuse, violence, and a lack of nurturing; and
- Supporting families in substance abuse treatment and recovery.

4. Community Collaboration and Partnerships

The fourth main component of Head Start is community collaboration and partnerships. Programs promote collaboration strategies by developing partnerships with family support networks and treatment resources. Roles and responsibilities of the Management Team include:

- Promoting and strengthening both formal and informal linkages with family support groups and programs;
- Advocating for improved community services to help families involved with substance abuse, as well as for development of a stronger community response in preventing the abuse of alcohol and other drugs;
- Developing and strengthening collaborative partnerships with other community resources, so that Head Start becomes an integral part of a community-wide approach to helping families; and
- Seeking out and supporting effective community-based treatment resources, especially those for women with families.

Head Start grantees need to develop and sustain each of these elements in the Circle of Capacities as part of their ongoing programs. A Head Start grantee can enter the circle at any point that seems appropriate and that matches its current interests and needs. Once a grantee enters the circle, it is helpful to assess needs and capacities around the circle in order to develop those roles and responsibilities which currently may be missing from the program.

This manual addresses the following elements, which appear shaded in the Head Start Substance Abuse Circle of Capacities:

- Early Intervention, Referral and Support (support for child, teamwork with families, and support for families);
- Staff Preparation and Support (awareness, training and education, and supervision and support); and
- Community Collaboration and Partnerships (Collaboration and Coordination).

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INTRODUCTION

Many children enrolled in Head Start are affected by issues of substance abuse. They may live in families or neighborhoods where abuse of alcohol and other drugs is prevalent, or they themselves may have been prenatally exposed to substances. Whatever the source of their involvement with substance abuse, these children are likely to be under severe stress and in need of extra support. They may also require careful attention regarding potential or actual learning needs and behavioral challenges.

The purpose of this manual is to provide technical assistance to the Head Start grantee management team; it offers information and strategies for supporting staff who work with children affected by substance abuse. This manual is a companion to the following Head Start materials: (1) "Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team"; (2) the video "Risk and Reality: Teaching Children Affected By Substance Abuse" and its companion training guide for classroom teams; and (3) "Responding to Children Under Stress," a skill-based training guide for classroom teams.

This manual was developed for all members of the Head Start management team: the director; component coordinators, including those involved with disabilities services; the chairperson of the Policy Council; and key management staff from the Head Start program. It is designed to meet the needs of both urban and rural grantees, as well as those of varying size.

The manual provides:

- The most current information available on what is known about children with challenging behavior and learning needs, whether related to prenatal exposure or to the stress of living in families or communities involved with abuse of alcohol and other drugs;
- Encouraging news about the developmental potential of children at risk, including children who already display significant behavior and learning challenges; and
- Strategies to bring about change and improvements — both by increasing the effectiveness of local programs and advocating for needed community changes with local and regional policymakers.

HOW TO USE THIS MANUAL

The information and technical assistance provided in this manual are well-suited to group discussion. All members of the management team are encouraged to read the chapters and discuss the ideas presented as they relate to their particular program.

Chapter 1 presents general information on:

- Children affected by substance abuse;
- The impact of children's families and communities on their behavior;

- The developmental and educational possibilities for children at risk; and
- How the basic Head Start model lends itself to enhancing these possibilities.

Chapter 2 highlights effective strategies for improving core services, including:

- Seven recommended interventions that will improve services for children;
- Practical steps that the management team and Policy Council can take to modify a local program;
- Examples of effective innovations developed by local Head Start programs;
- Suggestions for building better links among education, family service, and parent involvement staff;
- Roles that all Head Start staff can play in establishing connections with vulnerable families and supporting them; and
- Suggestions for involving parents/caregivers as primary educators of their children.

Chapter 3 describes ways to improve program support, including:

- Facilitating program transitions;
- Designing staff training to increase staff capacity in working with children and families affected by substance abuse;
- Strengthening staff capacity through supervision;
- Considering key issues when hiring new staff;
- Amending or strengthening program policies; and
- Finding new partners in the community to meet new family needs.

Chapter 4 discusses program priorities, including:

- Suggestions from expert practitioners on addressing program challenges;
- Options to consider in allocating resources; and
- Tools to use in analyzing the investment needed to implement recommended strategies.

CASE 1: Where Do We Go From Here?

The following case illustrates the types of situations that Head Start staff and managers have encountered in serving many children who have been affected by family substance abuse. It also serves to highlight many of the specific issues that will be addressed in this manual. The case content is real, but the names have been changed. Questions for the management team are included to guide the reader's thinking and suggest links to situations in local programs.

Head Start Director Felicia Roberts listened as the teacher described Leon, a child who had entered the classroom six weeks ago.

"I'd have to say he is not settling down yet," said Carolyn, the teacher. "He can't seem to get into anything, in terms of playing. But whenever we have to shift gears, like during cleanup and getting ready for lunch, he throws a fit. Not even a fight, really; he just hauled off and slugged the other kid, who wasn't even doing anything — only standing nearby, close to the blocks Leon was playing with."

"What about his language?" Felicia asked. "Does he listen when you're reading stories? Does he talk to you?"

"He listens, for a while." Carolyn shrugged. "One of those kids, though. He hates to be touched — even his grandmother says so. There are language problems there, sure. We need to have him evaluated. Too bad Marianna isn't here anymore. She was good with those kids. Well, gotta get back. Thanks—I know how busy you are. But it's a help to get someone to listen."

Managing a mid-size, urban program (200 children and a management team that includes the director and three other full-time coordinators), Felicia kept her door open nearly all the time. But now she closed it. Ten minutes only, she told herself, as she propped her head in her hands and shut her eyes. Carolyn was right: they needed to get more help with language. Marianna hadn't been a language specialist, but she had had more recent training than some of the teachers and a real interest in language development.

There were more and more children like Leon — children who had problems with language. Sometimes the problem was something like fluctuating hearing loss. Often, though, the evaluation confirmed that it was not a clear-cut "language problem," but some other underlying problem that showed up as a delay in language. The referrals for evaluations kept increasing (and so did the delays in getting the diagnosis). Felicia really needed a speech and language therapist to come into the program; but not all the children who needed services would be eligible for Medicaid, and the market rate for non-Medicaid specialists had gone up from $21.50 to $40 an hour in one year.

Felicia's thoughts went back to Carolyn and the other teachers like her. Listen! Of course she'd listen. But she had to find new ways to help them, especially if the teachers didn't feel they were getting the support they needed from the coordinators. She'd seen what could happen when staff grew really discouraged. And they were going to need more specific kinds of training. "Those kids," Carolyn had called them, as if they were all the same. As much as Felicia urged the staff to resist labeling children in her program, the shorthand kept creeping in. She picked up a pad of paper and a pencil. Out loud she said, "OK. Where do we go from here?"

STUDY QUESTIONS FOR THE MANAGEMENT TEAM

- What are the issues Felicia Roberts is facing?
- What possible steps can she take?
- What would you do first? What information would you need to collect before you were ready to act? What resources do you have? What new ones do you need?

CHAPTER I:
Common Questions and Honest Answers

In recent years, teachers in preschool programs and elementary schools have been reporting increasing numbers of children who display troubling behaviors and learning problems. These include:

- Short attention span;
- Extreme distractibility;
- Difficulty coping with changes;
- A higher frequency of speech and language delays and disorders, including poor articulation, limited vocabulary, and limited expressive language skills;
- Aggressive and disruptive behavior;
- Lack of social competence; and
- Difficulty forming healthy relationships with peers and teachers.

Many teachers wonder whether prenatal exposure to alcohol and other drugs may be causing or contributing to these problems, although they probably will never know the answer to this question. They wonder, too, about the effects of living in families involved with the abuse of alcohol and other drugs, or in communities where the sale and use of substances is common.

In this manual, when we talk about children affected by substance abuse, we are including both those from families and communities involved with abuse of alcohol and other drugs, and those about whom there is direct knowledge of prenatal exposure. Most commonly, this knowledge will be a diagnosis of Fetal Alcohol Syndrome, but in a few cases the program may have other verified knowledge about prenatal exposure to drugs.

COMMON QUESTIONS AND HONEST ANSWERS

Q: What about all the behavior problems I'm seeing in children—what is causing them?

A: The research is still inconclusive. Research has revealed some of the impacts of maternal factors (before birth) on children's later development. But complex risk factors affect children who live in families that abuse alcohol and other drugs, and/or live in communities affected by drug trafficking and substance abuse. Family circumstances that can sometimes affect how children develop include inadequate prenatal care, limited caregiving skills, and exposure to neglect and abuse at home. Community circumstances play a part, as well — especially the widespread violence in communities that have high rates of drug trafficking and drug abuse. When factors such as these accumulate, children's healthy development is especially at risk.

Q: Do I have some children who actually were prenatally exposed to drugs in my program?

A: Very probably—only you don't necessarily know who they are. Prenatal exposure to drugs can only be confirmed by toxicity screens administered at birth, or by self-report from parents. Such self-reports are often unreliable, even when parents try to report accurately, because they may not know themselves what substances they used, or in what amounts. The main value of a positive determination of prenatal exposure to drugs is not to predict long-term outcomes, but to identify children at risk who might benefit from early intervention.

Research to date has not indicated a profile for children prenatally exposed to drugs. The children bring with them a wide range of behaviors, dispositions, and learning styles.

Q: What about prenatal exposure to alcohol?

A: The reality is that many women drink during pregnancy and some bear children affected by prenatal exposure to alcohol; the dose-response pattern is not clear. We know that some children prenatally exposed to alcohol may show the effects associated with FAS (Fetal Alcohol Syndrome). These can, but do not always, include cognitive impairment. While teachers and staff may suspect that they have enrolled a child with FAS, the diagnosis should be made by a specialist, such as a physician.

Q: So it isn't helpful for administrators or teachers to label a child as drug exposed?

A: No. And certainly, labeling children as "drug exposed" does nothing to help improve their developmental or educational prospects. It is more accurate—and more useful—to think in terms of "children affected by substance abuse," which acknowledges the influence of family and community factors on the child's development. Another useful term is "children at risk."

Q: Will preschool children affected by substance abuse need special education services?

A: Maybe, but not necessarily. Children affected by substance abuse show a wide range of abilities and problems; they are not necessarily children with special needs. Some, though, may need special services. And some who do not appear to need special services when they are young may demonstrate the need for services when they are older.

Q: What can Head Start do?

A: Early interventions that begin when the child is still very young, targeted to both the child and the family, show the most promise and can help offset the effects of children's behavioral, emotional, and cognitive problems, whatever the cause. Most interventions will be directed to improving the family context. Some may be directed at compensating for diagnosed biological, physical, or neurological limitations.

Even if children in your regular Head Start program did not receive any early intervention, though, it is not too late. You can make program modifications that will support the development of children within an inclusive setting. That is what this manual is about—the practical ways that the Head Start management team can make changes in policy and practice, improve services to children and families, enhance staff capacity, and collaborate with other community agencies to support the healthy development of children at risk.

RESEARCH ACROSS DISCIPLINES: THE CLUES IT PROVIDES

Many studies of newborns, carried out in university hospital settings, have described the initial effects of documented prenatal exposure to alcohol and other drugs. As increasing reports from teachers describe some of the behaviors observed among toddlers and preschool children, one wonders whether these behaviors are also the result of prenatal exposure. Nearly twenty years of work has described, at length, the harmful effects of varying severity that can be directly attributed to prenatal alcohol exposure. Illicit drugs are another story. Just as has been the case with other groups of children at risk (such as those who were pre-term or small for gestational age), it may be some time before conclusive data are published on the long-term impact of illicit drugs on child development.

Effects of Prenatal Exposure to Alcohol

The long-term effects of prenatal exposure to alcohol on child development vary widely, ranging from normal development to attention and memory deficits, distractibility, and poor organization to mental retardation. They also appear to be related in part to the quantity and frequency of maternal alcohol consumption. On this continuum, the more serious and specific diagnoses that have evolved from research include Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), and Alcohol-Related Birth Defects (ARBD). All of these diagnoses can involve permanent physical disabilities, cognitive impairment (ranging from minor to severe), decreased problem-solving ability, and fine and gross motor problems.

Effects of Prenatal Exposure to Other Drugs

Research findings regarding the effects of prenatal exposure to illicit drugs have also reported a continuum of outcomes, although no consistent syndrome has emerged. Maternal use of illicit drugs during pregnancy can be identified through urine toxicology screens administered to both mothers and newborns following delivery (as well as on the basis of maternal self-report, although these may not be accurate).

Drug use during pregnancy is associated with an increased incidence of preterm births, small-for-gestational-age births in both preterm and full-term infants, and smaller head circumferences in fullterm births. Opiates, such as heroin, can results in neonatal abstinence syndrome, characterized during the newborn period by irritability, tremors, sleep disturbances, gastrointestinal and respiratory problems, and occasionally seizures. Although the specific long-term effects of prenatal exposure to individual substances remain largely unknown, preterm birth, small-for-gestational-age birth, and reduced head size at birth all have been studied in other populations and have been demonstrated to interfere with long-term development in some children. Further, adverse initial effects (such as those seen in newborns prenatally exposed to heroin) have not been investigated over the long term, nor studied for their implications in specific developmental areas, such as fine motor skills and self regulation.

The outcomes of existing studies vary enormously. The initial effects seen in infants may vary with the type of substance used; how much was used, how often, and at what point during pregnancy; and the kind of prenatal care the mother receives. Despite the diversity in outcomes, there are some parallels to related research where the effects are well-documented. For example, inadequate prenatal care, poor nutrition, and smoking are also known to contribute to lower birth weight. As a result, biomedical re-

searchers can express legitimate concern about the possibility of long-term effects from drug use during pregnancy — that is, developmental and learning difficulties that may be expected to appear in the future. They can accurately describe the infants under their scrutiny as being "at risk." They can record the week-old infant's difficulties at birth and, looking ahead, express concern that the same child may well carry some developmental difficulties into preschool.

All of this research reports on risk status within whole groups of children. It is important to bear in mind that no one can predict the outcome for any individual child. What long-term effects will be discovered through longitudinal studies remains to be seen. We do know that something disrupts the normal development of many children. Therefore, it is also useful to take a closer look at what is known about the family and community where the child spends three or four years before enrolling in a preschool program.

Effects of Living in At-Risk Families and/or Communities

Many newborn babies leave the hospital and go home to families and neighborhoods dramatically affected by substance abuse. Instead of looking only at the drug culture and its physiological effects on infants before they are born, we must look at the drug culture and its effects on families after the children are born. How does a parent's involvement with illicit drugs, or with alcohol, affect the child's caregiving environment? How does drug trafficking affect the community where the family lives?

A child-rearing environment that is not supportive and nurturing can have a negative impact on child development, regardless of the presence or absence of biological risk factors (such as prenatal drug exposure or low birthweight.) Conversely, a supportive and nurturing environment can significantly enhance developmental outcomes, as longitudinal studies of other groups of at-risk children have shown.

In communities that are affected by substance abuse, violence, and poverty, a number of major environmental factors affect development before and after birth:

- Low maternal weight gain during pregnancy;
- Lack of prenatal care;
- Lack of social support for the family;
- Inadequate caregiving skills;
- Exposure to family and community violence;
- Child abuse and neglect; and
- Multiple foster care placements.

Many of these factors threaten the healthy development of children from all economic backgrounds, but they are especially threatening for low-income families whose economic and personal resources to face these challenges may be more limited. In addition, the number of children whose family income is at or below the poverty level has risen substantially over the past two decades, expanding the pool of families who have the least resources to handle these issues.

Even one of the above factors can threaten a child's development. When they accumulate, they significantly increase the risk of language disorders, emotional difficulties, and behavior and learning prob-

lems. For children in poverty, that is frequently what happens. The behavior and learning problems reported by educators across the country are most likely due to a complex constellation of risk factors and an on-going set of interactions that occur over time. These interactions involve: (1) the vulnerability of the infant at birth; (2) the social and economic inadequacy of that child's family, especially if the caregivers continue to abuse alcohol or other drugs; and (3) the violence, on the streets and in the home, that is associated with drug trafficking in poor neighborhoods.

In low-income families, mothers are more likely to have low maternal weight gain and have received poor prenatal care. As a result, their babies are born small. Fragile infants go home from the hospital with numerous (though often temporary) health problems and may be very hard to care for, comfort, and console. An infant with these problems is a challenge for any mother. When the mother is herself very young, undereducated, and/or struggling with addiction, the chances for a successful attachment between mother and child are reduced even further. Frequently, it is the grandmother or aunt, and not the mother, who raises the baby.

In addition to the family itself, the community environment also has an impact on child development. In areas where alcohol and/or other drug use is widespread, there is often an increased incidence of neighborhood violence, gang activity, theft, and pressure by drug pushers for residents (including children) to start using them. All of these stressors can affect the behaviors of family members and, in turn, affect the development of young children. Even a family that is healthy and functioning well is not immune. The anxiety, depression, anger, and fear that result from living in a troubled and volatile neighborhood can also harm families that are not involved in the abuse of alcohol and other drugs.

Environmental stressors can sometimes contribute to or exacerbate alcohol and other drug abuse problems, poor health, mental health problems, financial difficulties, unemployment, domestic violence, and child abuse and neglect. Like children living in war-torn countries, children who are sexually or physically abused, abruptly uprooted from a familiar home environment, or exposed to violence on the streets or in their homes often show the symptoms of "post-traumatic stress disorder." These symptoms may include violent outbursts, difficulty concentrating, depression, and reduced involvement with the outside world. The later developmental effects of this type of trauma over time may include impaired cognition, impaired emotional capacity, memory problems, learning disorders, and poor school performance.

Recognizing all of this, we need to remember that development is a dynamic process, and that children and families—even in the presence of discouraging odds—can make positive changes in their lives. A good example of this is provided in a study conducted in Kauai, Hawaii, that followed high-risk infants for thirty years. This investigation found that the combination of perinatal risk and disadvantaged home environment was more devastating than perinatal risk alone. The children who had the fewest developmental problems were those who had supportive and stable caregiving from the adults in their lives. Findings such as these have led to the concepts of "resiliency" and "protective factors" as described by David Hawkins (1985) and others who have looked at the conditions that help children prevail.

Clinicians and researchers observe that these protective factors reside as much in the child's world as in the child. The love and support of a caring grandparent can help foster healthy development, even if a child's own parent cannot do so. Likewise, communities can provide support for vulnerable families. To make a difference in a child's life, programs need to focus on improving both the family and the community where the child lives.

HEAD START'S POTENTIAL FOR SUPPORTING CHILDREN AT RISK

From the beginning, the Head Start model was based on the following central principles:

- Early intervention, and intervening in partnership with parents, can make a difference to a child's health and well-being.
- Individualized classroom activities, prosocial skills, and developmentally appropriate learning are the keystones of successful classroom experiences for preschool children at risk.
- Families and children benefit most from an approach that is comprehensive, not just instructional. A hungry child, or a sick one, cannot learn well.
- Rather than expect an individual child to shoulder successfully the burden for overcoming risk, it is necessary to strengthen the entire family.
- Head Start programs cannot do it all; they need to have strong relationships with partners in the community.

The recommendations proposed in the following chapters are founded in interdisciplinary research and in the promising practices of Head Start programs across the country. Given the prominence of the ecological model in Head Start principles and practice, some of these strategies will sound familiar. The model programs that work with children who display learning and behavior problems, including children prenatally exposed to alcohol and other drugs, have borrowed many of these keystones from Head Start. In the process, they have affirmed the value of Head Start program components while adapting them in new ways. Today, Head Start principles and practices take on new credibility and a new imperative.

[*NOTE:* For administrators who want to learn more about the findings from the literature review and field search, the monograph Risk and Reality: Implications of Prenatal Exposure to Alcohol and Other Drugs is available from the National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20847-2345, 301-468-2600.]

CHAPTER II:
Strategies For Improving Core Services To Children

The challenge for Head Start is to create a world that is different from day-to-day life as many children know it. What are the recommended program strategies for improving services to children with challenging learning and behavior problems? This chapter describes seven interventions that are distilled from research findings and expert practice. Taken together, they work toward two central objectives necessary to foster healthy development for children at risk: promoting continuity of care and supporting the most promising classroom practices.

It is well documented that early attachment can influence the child's development of future relationships. It provides children with a template that they continue to apply to their interactions, not only with adults but with their peers. Head Start can help to offset early attachment problems by providing a sustained and consistent continuity of care over time. Children need developmentally (and culturally) appropriate learning experiences. They need to:

- Initiate exploration, direct their own play activities, and learn about choice — learn that they have choices, learn to make appropriate choices, and learn that their choices are valid;
- Be presented with structured but flexible curricula that stress social competence and builds prosocial skills, such as critical thinking, decision-making, and conflict resolution;
- Engage in class activities that offer clearly-established options to pursue when they can no longer focus and are losing their concentration;
- Learn to make smooth transitions between activities; and
- Receive a form of assessment that will gauge their capacity and progress in a way that is accurate and culturally sensitive.

The following specific recommendations were chosen for inclusion in this manual because experts around the country repeatedly indicate that they are the most promising practices:

- Provide multiple years of Head Start for some children.
- Carry out mixed-age grouping.
- Modify staff-to-child ratios and class size.
- Bring outside specialists into the classroom.
- Minimize daily transitions and distractions.
- Conduct effective on-going classroom assessment.
- Support parents' involvement in their children's development.

These suggested changes also dovetail with the Head Start philosophy and have the added advantage of not requiring significant outlays of capital.

PROVIDE MULTIPLE YEARS OF HEAD START FOR SOME CHILDREN

Background and Benefits

Promoting continuity of care, which is important for all children, is especially critical for children at risk. Children whose lives are often marked by instability and disruption need an opportunity to settle into a safe, nurturing, and reliable environment long enough to take advantage of both the activities and the relationships that the program has to offer.

Enrolling some children at age three and keeping them in Head Start until kindergarten is one primary way to increase the continuity of care. This is especially important if caregivers are struggling with abuse of alcohol and other drugs. A program serving infants and toddlers offers an even longer period of care.

"We may be able to make a difference in a child's life over the course of one year," says a suburban Head Start director. "To make a real impact on the child's caregivers, however, and to work with them in a sustained way so they can see an alternative to attitudes and behaviors that they have held for some time — that takes more than one year."

Strategies and Steps

Update Selection Criteria

Managers can assess the needs of families in the community and use the data to establish selection criteria. The fact that a child is growing up in a family that abuses alcohol or other drugs can be detrimental to the child's development. Strict confidentiality laws apply to the ways in which you gather information on substance abuse (see Chapter 3). Nevertheless, the Community Needs Assessment offers information that you can use to create a composite picture of the overall community. A Community Needs Assessment that includes a summary of information obtained from individual families as they apply to Head Start and information from last year's Family Needs Assessments can provide data to use as you update the criteria for selecting children and families for admission into your program. Observations of daily events, home visits, and reports of daily interactions with parents (which can also indicate whether parents might be affected by substance abuse) can also provide useful information.

Since substance abuse often goes hand in hand with other individual and family problems, information from outside Head Start can also enhance your understanding of family needs.

- Treatment centers can provide aggregate statistics, as can other family and social service agencies.
- Alcohol-involved arrests and drug arrests are one source of data, but they are likely to show only the tip of the iceberg.
- Other data on violence, abuse, and neglect can also be used.
- Police records on complaints of violence, 911 calls, visits to households, and arrests can be obtained and used to highlight the needs of a community.

Police data may be organized by precincts; separate data may be kept on domestic violence and on crimes against children. In other communities, you may need to use more global figures and document the applicability of figures to the Head Start service area in other ways. Data will not necessarily be tied to income or rate of poverty, so management teams will need to make some assumptions about its applicability.

To access information from the police department, begin at the top of the chain of command and write a letter to the chief of police. Explain the information you need and why you need it, and request that he direct you to the appropriate person. You may then have to follow up with a phone call to the police chief.

Police files may record instances of child abuse; child protection statistics will also include abuse and neglect, which is commonly linked with abuse of alcohol and other drugs. Other sources of information are rape crisis centers (which include child sexual abuse), women's crisis centers, and shelters. Family Court information is also a possible source, though it is likely to duplicate information available from children's protection agencies.

Since these data reflect aggregate numbers, they will not be tied to individual families or betray confidentiality. If you rate the frequency of contacts with the police — such as a "high" number of families involved with protective services — you will want to show what you mean by "high": whether it is high compared to national averages, to other towns in the region or State, and/or to your own town five years ago.

You and other members of the Policy Council can review the information on a yearly basis and use it to update the specific criteria you will use in selecting children, in defining how your program will serve high-risk families, and in specifying the kinds of services families currently need. You can also review your information-gathering tools and application forms to see if they are adequate and provide accurately the information you need. You may need to modify these tools in order to improve selection decisions about individual children.

Use the application and enrollment process

Programs must demonstrate that they are serving eligible children (according to income, age, disability requirements, and other priority needs as defined by each program) who will benefit most from Head Start services (see Case 2, "Enrolling Vulnerable Families"). With the Policy Council, design an application process that reflects the selection criteria and specific needs you plan to meet, and weight each one. The Policy Council may decide to give preference to a child whose mother is struggling with abuse of alcohol or other drugs; to a child whose family is involved with protective service agencies; and/or to a child who has been enrolled in an early intervention program but will not receive service for a year unless enrolled as a three year old in Head Start. By establishing a needs-based application process that assigns priority to children with the highest need, you can ensure that the children selected are those who will benefit most from Head Start services. Given the benefits derived from continuity of services, programs are encouraged to consider enrolling "high-risk" children as three-year-olds in order to serve them the maximum length of time until they are eligible for kindergarten.

Consider available program options

Regulations published Dec. 8, 1992 (45 CFR Parts 1306), define the program options as follows:

- A home-based program, which provides weekly home visits to the child's caregivers and an organized socialization experience twice a month for a group of children served by a home visitor.
- A center-based program, which provides part-day or full-day sessions in a classroom setting, as often as five days a week.
- The combination option, which typically operates classes for two or three days a week and provides one to three home visits a month.

Not all programs offer more than one option. As local programs work with increasing numbers of high-risk families, it is important to review the match between current family needs and existing program options. Traditional options and services may no longer be the most effective or practical. Different combinations of center-based and home-based services may better serve the children and families currently enrolled: a home-based model for the child's first year, for instance, and a center-based program in the second year, when the mother is feeling stronger and the child more ready to benefit from more intensive socialization and group activities. A program that can make available two or three options may better serve the needs of families enrolled today.

In a particular urban housing property, for example, one young mother with limited caregiving skills may be new to the area, act fearful, and rarely go out of her apartment; another may also have limited caregiving skills, be older and more sociable, and have a network of neighbors and other adults with whom she interacts. In the first family, the priority may be to bring the child into a center-based program. In the second, it may be to infuse family support services into the household, using a home-based model.

It is impossible to arrive at a formula for making placement decisions: The child's individual needs and the constellation of family strengths and needs and must always be carefully reviewed, then a decision made based on what is best for that child.

Maintain a waiting list of families

Even though many programs can easily maintain a waiting list with little or no active recruitment, the amended 45 CFR Part 1305 says that programs must conduct active recruitment in the community in order to reach out to families with the greatest need. After you admit children from the weighted application list to fill the available slots, you can place the remaining families on a waiting list, already prioritized. In this way, your program can maintain a roster throughout the year and draw on it if slots become available.

Create a written enrollment policy

Incorporate the process for establishing selection criteria, as well as application and enrollment policies into a written policy that you can use to convey your program and enrollment decisions. Include the recommendations of key Head Start groups, such as the Health Services Advisory Committee or the Social Services Advisory Committee, where there is one. The Policy Council must approve selection criteria and should do so each year. Enlist support from others, as well. Ask for support from the grantee's board of directors and from the leaders of other community agencies with whom you are involved.

CASE 2: Enrolling Vulnerable Families

The following case highlights a situation that Head Start staff and managers have encountered in serving children who have been affected by family substance abuse. The case content is real, but the names have been changed. Questions for the management team are included to guide the reader's thinking and suggest links to situations in local programs.

"We're out there!" says Lou-Anne Blake, the social service coordinator of a small city (pop. 50,000) in a depressed region of the country. "Because we've been in the community a long time and have built solid community relationships, the drug prevention programs, alcohol and drug treatment programs, and local health centers all refer families to us. We give those referrals priority. We actively recruit four-year-olds, and the threes just turn up at our door anyway. In this city, besides our Head Start, there is a State-funded program for children birth to age 3 and another early intervention program. Neither one is run by Head Start, and both of them drop the children on their third birthday. So if we can, we like to pick them up. Otherwise, those children are out of a program completely for a year, until they turn four.

"It isn't only the social service staff that's recruiting; everyone recruits. Teaching staff members carry applications with them on their year-end home visits. It works best when there's a team—a teacher plus a family service worker—going door-to-door. It helps the program when teachers get to know families. They have the classroom perspective—I want them to know, close up, the families we're working with, so they'll understand the children better from the family perspective. I involve teachers in the family needs assessments. Sure, there are issues of confidentiality. But my position is that the teachers are professionals, too; they can understand the professional responsibility to honor confidentiality as well as family service workers can.

"Parents recruit, too; they know the neighborhood, they know families. Parent-to-parent recruitment builds self-esteem in the caregiver who's doing the recruiting. And it provides a model for new parents — they can imagine themselves maybe doing the same thing in a year or so."

STUDY QUESTIONS FOR THE MANAGEMENT TEAM

- What steps do managers need to take to ensure that the process of recruitment and enrollment works well? What pitfalls do they need to avoid?
- Make a list of all the benefits of having teachers and other staff involved with families outside the classroom (e.g., recruiting, conducting family needs assessments).
- Identify all additional or alternative strategies for recruitment and enrollment that you have used successfully.
- How do you handle issues of confidentiality, especially those referrals from substance abuse treatment agencies where the reason for the referral has to be confidential?

CARRY OUT MIXED-AGE GROUPING

Background and Benefits

"Mixed-age grouping," and "multi-age classrooms" are nearly synonymous terms. They describe models that are gaining ground in preschools and elementary schools and have been used effectively by some expert practitioners in Head Start. Some States, such as Kentucky, now mandate mixed-age grouping. As a result, some Head Start children will go on to elementary schools where this kind of classroom will serve them well. Since children often stay with the same teacher for two consecutive years, mixed-age grouping contributes to continuity of care and helps children and their families identify with one teacher, and reduces the need to adjust to different personalities.

Children progress from simple to more complex activities at their own varying rates of speed. At the heart of effective mixed-age grouping is an individualized approach to each child's development and a curriculum that accommodates children's varying rates of progression. Effective practice requires that teachers individualize the curriculum according to developmentally appropriate practice — an approach already central to Head Start and advocated by the National Association for the Education of Young Children (Bredekamp 1987). In addition, mixed-age grouping promotes cooperative rather than competitive learning, as children of different ages and abilities work together and take turns playing the roles of learner and teacher.

Strategies and Steps

Conduct staff development

Teachers need support and training in using integrated curricula and strategies that make classrooms effective. Mixed-age grouping will mean some changes in the way teachers set up their rooms and relate to each other; the types of activities they introduce; how they present them; and how children relate to the teacher and to one another. Training to pave the way for these changes will improve their chances for success. You may want to bring in an expert practitioner from outside the program who can describe the benefits of implementing mixed-age grouping and the best ways to make it work. This is also an opportunity to include interested parents in training.

Use expert/mentor teachers in your program

Identify teachers in your program who are interested in learning more about mixed-age grouping. Provide "release time" for them to visit other mixed-age classes (in Head Start, preschool, or elementary school programs) and observe how expert/mentor teachers meet the needs of children through a wide range of skills and experiences. Provide planning time for teachers to work together in teams and plan activities for mixed-age classrooms. As teachers become more proficient, they can serve as mentors and trainers for parents. This will help extend the classroom experience to activities at home, in a setting of siblings of mixed ages.

Consider classroom placements of children

Head Start's integrated approach to children with disabilities offers a basis for creating inclusive classes that integrate children of differing genders, abilities, needs, interests, temperaments, and ethnicities. Rather than putting all the three-year-olds together, or giving all the children with high needs to "the most

experienced teacher," think broadly about the children's needs and abilities (as well as those of the teachers) in making class assignments. Think, too, about the use of space; children with a greater need for focus and calm may do better in a smaller group, and in a smaller room. Deliberate mixing of ages, skill level, and temperaments provides children with a variety of opportunities to become helpers and leaders. It offers role models that children can imitate and from which they can learn. It also pays positive attention to differences.

MODIFY STAFF-TO-CHILD RATIO AND CLASS SIZE

Background and Benefits

Practitioners who address the needs of children with challenging learning and behavior consistently recommend:

- Increasing individual attention to children; and
- Improving the smoothness and predictability of the classroom for those who need a quieter, less challenging environment.

This can be accomplished in two ways, used either individually or in combination: increase the number of adults per child, and/or keep the classroom size at the minimum rather than maximum levels required by Head Start.

Increasing the number of adults allows teachers to conduct more activities, thereby providing more choices tailored to children's needs. Staff members are better able to facilitate play and assist a child during a sudden outburst of violence or confusion, without detracting from activities involving other children. The children benefit from better coordination of activities and more individual attention. Staff also appreciate the enhanced backup and support available.

Studies of elementary-grade children find merit in increasing staff-to-child ratio—even when the class size cannot be reduced (Schulman & Jarvis 1988). Parents and other caregivers have provided the central volunteer support in Head Start classrooms; grantees must continue to involve parents as classroom volunteers. Today, as increasing numbers of parents are enrolled in education or job training programs, managers find they must recruit foster grandparents and other volunteers, in addition to family members. These volunteers can be recruited from churches, community organizations, service centers, and senior citizen programs. Regarding Head Start staff, managers need to consider how they can increase the number of family service workers to better serve vulnerable families.

Managers also need to consider how to balance class size across the program. Relevant studies emphasize the value of reducing the overall number of children in a class. The National Day Care Study (Abt Associates 1979) cites the benefits of smaller preschool classes. Early childhood education studies conducted in elementary grades also describe improvements among children in smaller classes in self-concept and attitudes, as well as academic achievement (Swan et al. 1987). For children in Head Start, where the task is to learn through activities, smaller class size can help to reduce noise and distraction; allow children to concentrate more easily; and allow staff to devote more attention, guidance, and support to each child.

Strategies and Steps

Market your program as a placement for college interns

One way to add extra support to your staff is by providing practicum placements for college interns. Contact student teacher supervisors at local community colleges, private and State colleges, and universities. Call the early childhood education department first. (Sometimes early childhood education is housed in other academic departments, such as health, or health and human services.) Departments such as psychology, child development, child psychology, health, special education, or social work may also provide interns.

Establish a clear understanding of the expectations for both interns and their program supervisors. Write a letter discussing your own preferences: a student's particular interests or backgrounds; the number of days/hours required for work; practicum experience; number of weekly meetings; and particulars of location, transportation, and training. Specify what your program can offer in return, such as volunteer training, other content training, and/or participation in regular staff meetings. Perhaps you can offer introductions to other community agencies in town, contacts with Head Start programs in other communities, and/or a letter of recommendation that could be included in a successful intern's portfolio.

Anticipate the specific requirements that supervisors of student teachers will have. If you can present your classrooms as an opportunity to meet those requirements, you will be in a stronger position to attract interns. Placement supervisors will probably require that the intern's classroom teacher, the education coordinator, or social service coordinator have a bachelor's degree. Since not all head teachers have such credentials, place interns with the teachers who will be considered qualified by the placement supervisor. Use foster grandparents and other volunteers in the remaining classes.

Explore non-classroom placements

Try to match the internship hours you offer to the college's required hours for student placements. Even if your time needs don't match exactly (e.g., if you can only offer a classroom placement for three hours a day, four times a week, and the student needs a total of sixteen — not twelve — placement hours), work with the supervisor to try to bridge the gap creatively with non-classroom activities. Find other useful and professional work for the student, such as attending center meetings and home visits with a staff member, keeping records, conducting outreach in the community, or developing materials. Supervisors may want to see their students participate in parent workshops and staff trainings as part of their practicum experience. Or interns can organize curriculum materials for teachers. Student teachers should be used as professionals — engaged in activities with the children, and not relegated to observing or cleaning up.

Invite the supervisor to visit

Ask the college supervisor to spend time in several Head Start classes. By letting the supervisor see the activities and curricula firsthand, you demonstrate which classrooms have a teaching philosophy that is compatible with the college's philosophy. Such a visit provides an opportunity for the supervisor to have a direct relationship with your Head Start teachers.

Negotiate longer stays for interns

As part of the negotiation, explore a placement for an extended period of time. Children benefit from less fragmented experiences with adults; interns benefit as well. A longer stay lets interns see growth and development among individual children as a process that unfolds, and thus gain firsthand experience about development.

"The ideal teacher," says Eleanore Lewis, a student teacher supervisor at Massachusetts Bay Community College, "is the one who begins as a concerned supervisor herself. First, she sits down with the student teacher and provides an orientation to the philosophy of the class and the rhythm of the activities. Then she'll let the student take over first one activity in the class, then another. Little by little she gives the student more to do, without having to rush in and rescue. Eventually, the student may be in charge for half a day, with the teacher providing observation and guided learning during regular meetings to discuss the day's activities."

Move toward smaller classes

The final rule, 45 CFR Parts 1304 and 1306 (Federal Register, December 8, 1992) specifies the following requirements and recommendations for class size: for four- and five-year-olds, seventeen to twenty children, or fifteen to seventeen in double-session classes; for three-year-olds: fifteen to seventeen children, or thirteen to fifteen in double-session classes. Attempt to reduce all, or nearly all, the classes to average or minimum numbers.

"It is always difficult to cut back on enrollment," says the director of one of the ten largest Head Start programs in the country. "We always feel badly when we say no to a child—but today especially we need smaller classes, quieter classes, and we need more adults in the classroom. We need to serve seventeen children, and serve them well, not serve twenty-two poorly."

Finally, it is valuable to experiment with one or two classrooms that include children with high needs, and monitor and record the results. Keep good records to use later as documentation. What you learn may be used in the future to document the potential rewards of smaller classes for some children.

BRING OUTSIDE SPECIALISTS INTO THE CLASS

Background and Benefits

Bringing specialists into the class is one way to increase the number of adults in the classroom. It is also a more promising way to deliver special services. Instead of pulling the child out of the classroom, a therapist who assists with behavior management or language development can join the on-going activities. Working with a small group of children (including those who need special services), a speech and language therapist, for instance, may provide therapy through an enjoyable activity such as singing a song or playing a game. Initially this approach may seem less focused, since the therapist is involved with more than one child. Rather than diluting the impact, however, the specialist learns more about the child in the daily environment. The targeted child receives the needed support, but without being isolated. The small group offers a context within which a child with special needs can interact with peers as an equal member of the group. It also allows a wider number of children to take advantage of the specialist's services.

Encouraging specialists to provide their services in the classroom extends their expertise and services in another way. The specialist can serve as a model for both teachers and parents, providing information, support, and building skills. Specialists can demonstrate practical ways to extend the interventions into other activities in the daily classroom routine, as well as into developmental and teaching strategies that parents may continue at home.

Through more than 20 years' work with children with disabilities, Head Start has developed an in-depth understanding of what it takes to coordinate with specialists who can provide additional needed services to children. When Head Start began this work, the focus was on "mainstreaming." Today, the focus is on "inclusion," — not just putting children with disabilities in close proximity to their typically-developing peers, but maximizing their full participation in the class. For this to be effective, specialists and teachers need to form new kinds of partnerships in the classroom and work shoulder to shoulder. How successful this arrangement is, for both children and staff, depends on the kind of partnership you help to build.

Strategies and Steps

Find suitable specialists

Look for specialists who respect the Head Start program and its philosophy, and value the experience and expertise of the staff. You need people who not only know their own field (such as speech and language pathology or physical therapy) but who are also able to communicate well with staff and parents. They should understand the Head Start population, align themselves with your program's philosophy, be sensitive to the demands on classroom teachers, and be flexible about scheduling changes. Most importantly, they must recognize that staff and parents are part of the team.

Orient your staff and specialists together

Orient staff and specialists together, through either one group training or individual supervisory sessions. Specialists need to understand the objectives and structure of a Head Start class, the working style of individual teachers, and the importance of routine and predictability for children who are disorganized and have difficult behavior problems. In particular, they need to be willing to modify their "expert" status and learn how to deliver their services through an educational context that is child-centered. Teachers need to understand the children's need for special services, why specialists' skills will be used, and when and in what ways specialists will come into their classrooms. Reinforce that teachers bring their own expertise to the partnership. Make clear how they can help—by orienting the specialist to class activities, routines, and rules, and by helping the specialist to feel accepted. It will help if teachers can come to share your commitment and enthusiasm for the undertaking.

Over time, monitor teachers' requests for referrals. A low level of requests may signal low need among the children, or it may be a sign that a teacher is not picking up on special needs or is unsure about how to follow through in securing or making referrals.

Build a collaborative partnership

For a successful team-teaching partnership, you need to provide planning time for teachers to meet with specialists. This planning time can help to avoid the dilemma described in the following case, "Whose Classroom Is This, Anyway?" Specialists and teachers together can develop an approach to their classroom work, try it out, and continue to meet to debrief about what worked and what might work better. If

specialists truly are to provide an extra pair of hands in the classroom, you need to allocate time for teachers and specialists to develop a team approach.

The alternative to using specialists in the classroom is to use them to train your staff to deliver the services and act as consultants or mentors to staff as they improve their skills. This strategy can be a cost-effective way to use the specialist's expertise. It can also strengthen the capacity of your own staff — for example, to understand more about speech and language development. But it does not add an extra pair of hands to the classroom.

CASE 3: Whose Classroom Is This, Anyway?

The following case highlights a situation that Head Start staff and managers have encountered in serving children who have been affected by family substance abuse. The case content is real, but the names have been changed. Questions for the management team are included to guide the reader's thinking and suggest links to situations in local programs.

A speech specialist arrives in the classroom to work with Lennie, who has a severe speech and language delay. She generally works with him within the classroom setting. Today, however, she has decided to administer an evaluation, since she has some new concerns.

Lennie is listening to a story with a small group of children. The specialist goes over to Lennie, talks to him for a short while, then takes his hand and starts to leave the room. On the way out she gathers up some books and toys and takes them with her, too. The classroom teacher watches this and thinks, "Whose classroom is this, anyway?"

STUDY QUESTIONS FOR THE MANAGEMENT TEAM

- What are the turf issues? For whom?
- What could you, as a manager, have done to better prepare for the situation?
- What could the teacher and the specialist have done differently on their own?

(Adapted from Making the Most of Consultants, EDC, Inc., 1993)

MINIMIZE DAILY TRANSITIONS AND DISTRACTIONS

Background and Benefits

Children who show disorganized behavior and have short attention spans need settings that are secure, stable, and predictable settings that have a defined structure, expectations, and boundaries. Predictability is the key to ensuring smooth transitions (from one adult to another, or one activity to another) during the child's day. Efforts to ensure safety and predictability, so critical for the disorganized child, also add to an improved classroom environment likely to benefit all Head Start children. While the strategies presented below are described in classroom term, many of them can be adapted and applied at home. In addition to encouraging managers and teachers to make these changes, it is valuable to convey similar ideas to parents.

Strategies and Steps

Scrutinize program space, patterns, and systems

Think about the use of the program space and modify it where you can (see Exhibit 1, "Checklist: Adapting a Physical World for Children"). Pay particular attention to providing some private spaces and "soft" spaces. Dividers that define space visually and the placement of objects influence children's behavior and ability to concentrate.

Consider not only the classrooms but the common spaces and layout of the building that houses Head Start. This is especially important when Head Start rents space from another agency. Look at sounds and traffic patterns in the hallways — bells and movements of children — as well as congregating patterns as they wait for buses. Also examine the bus route and the ride itself. Enlist your staff in analyzing, step by step, the small work systems or routines in which children are involved. Ask a parent volunteer or intern to "walk side by side" with different staff members and record what happens, when, and why. You may see opportunities to change these work systems, even if they have been that way seemingly forever. Once you pinpoint changes you would like to make, consider who else in the Head Start program or in the agency needs to be involved in discussing possible changes. Involve those people in the discussion and work toward decisions that can be implemented.

When the management team looks openly at space and work systems in this way, they not only influence the program environment, they emphasize the importance of minimizing distractions. They also model sensitive behavior for other staff.

Encourage predictable classroom routines

Teachers can make the class function more smoothly by: establishing routines that children come to rely on; limiting the number of rules; monitoring the number of transitions; and making the transitions active learning experiences. Your role, as a manager, is to stress the importance of making the effort to establish predictable routines, add to the knowledge and skills of staff, and support and facilitate their efforts.

You may need to provide focused training on the subject of establishing predictable routines (see Chapter 3). After that, involve classroom staff in consciously looking at and documenting the events that currently take place, as you did at the program level. Provide a parent volunteer or intern to help record such routine events as coming into and leaving the classroom each day, specific classroom activities, food

service and cleanup, and rest time. The record should also note adults who come into the classroom, including new teacher assistants, volunteers, interns, visiting adults and consultants, or therapists.

Monitor and orient classroom visitors

Work with the education coordinator and teaching staff to establish protocols and predictable routines for all adults. Establish, to the extent possible, a stable and familiar group of substitute teachers. Make a special effort to prepare children ahead of time for new faces (parents, other volunteers, specialists, or substitute teachers) and make a routine out of introductions.

CONDUCT EFFECTIVE ON-GOING CLASSROOM ASSESSMENT

Background and Benefits

On-going child assessment, a requirement of the Performance Standards, describes procedures developed to gather observational data across developmental domains. It is used to capture the growth and progress of the whole child and inform teachers' efforts to adapt activities as appropriate. Over the years, Head Start has learned a great deal about why on-going assessment is important and how it might be done better. Much more recently, the practice has begun to capture the attention of researchers and other practitioners. Now, public schools are starting to examine the limitations of standardized testing and its uses, especially for children whose development has been affected by multiple risks. Schools have renamed the practice "authentic assessment."

Local Head Start programs can serve the community well by promoting the effectiveness of "authentic assessment," in their own programs and by working with Local Education Agencies (LEAs) to extend the value and practice of on-going class assessment. "Many of these children have average intelligence, but often their behavior and language-processing problems get in the way. For them, standardized tests are an entry into special education," says the superintendent of the East Palo Alto School District.

Traditional forms of assessment are often culturally biased. On-going child assessment can prevent children from being referred for unnecessary diagnostic evaluation, and assist in distinguishing a disability from a mental health or behavioral need. This practice uses a holistic approach to information-gathering that focuses on children's interactions within the learning environment, rather than on their knowledge of specific content. By identifying strengths, weaknesses, and learning styles, this approach looks at children's attitudes, personal styles, how they play, how they work in groups, what materials they prefer, and how they relate to routines.

A portfolio is one non-traditional assessment that is gaining ground. Essentially a collection of the child's work, a Head Start portfolio can include: drawings; paintings; collages; photos of temporary works, such as stacked blocks or clay constructions; photos of children actively engaged in climbing or dancing; and notes dictated to the teacher about a field trip. It might also include a chart the teacher makes about a child's choices of activity over a span of time, or notes from a parent-teacher meeting. The portfolio lets teachers prepare qualitative, performance-based portraits of individual children that highlights both difficulties and strengths. It also enables teachers to share information about the children with specialists and with parents, providing understandable and accessible tools to use in talking about classroom activities and goals.

Strategies and Steps

Increase staff capacity

To conduct authentic assessments, teachers need a clear picture of what typical growth looks like; they must be able to recognize behaviors that represent stages of development. Teachers need to be skilled observers, who can accurately interpret what they see and record it in ways that will be meaningful to others.

Strengthen parent involvement

The support and understanding of both teachers and caregivers is important to realizing the benefits of on-going assessment. Use parent meetings to convey these benefits, not only by telling but by doing. Involve caregivers by inviting them to participate in art activities or engage in a creative "Make and Take" project, then use the principles of on-going assessment to reflect on their experience and what they learned. Parents and other caregivers will go away from these meetings with a new appreciation of on-going assessment and of the purpose of classroom activities. Their awareness can help prevent misunderstandings and misplaced expectations about how Head Start contributes to child development.

Diversify assessment tools

A number of assessment techniques and tools that support the process are now available: checklists, play assessments, home-based assessments, observations, and interviews with caregivers. Work with your staff to develop policies and procedures about on-going assessment — the types of criteria, measures, and reporting procedures that will be used to create a portrait of a child's progress over time. As part of this, ask your teachers to record their plans, on a weekly basis, for children who need individualized plans or activities.

Encourage translation of observations into classroom practice

Teachers also need to know how to use on-going classroom assessment as a tool for adapting curriculum to meet individual needs. Routinely, teachers synthesize their observations twice a year. Encourage them, through training and supervision, to do this on a more regular basis — to review their records of observations for each child and draw on them to adapt and modify the classroom curricula.

SUPPORT PARENTS' INVOLVEMENT IN THEIR CHILDREN'S DEVELOPMENT

Background and Benefits

More than ever, Head Start sees parents as the principal influence on their children's education and development, as well as being their primary nurturers and protectors. Yet parents and other caregivers can doubt their own capacity, question their skills, and be aware (at least privately) of the shortcomings in the care they provide. All caregivers can benefit from assistance. Parents of children at risk, especially if they are involved with alcohol or other drugs, can benefit from guidance that offers realistic ways for them to act in partnership with teachers and support their children's learning at home and in the classroom. The challenge for Head Start staff is to find ways that are realistic, given the wide range of situations that families face.

Strategies and Steps

Build understanding about parents and empathy for them

You may notice that sometimes the compassion and concern that staff (including some managers) express for vulnerable children does not extend to the parents who abuse alcohol or other drugs. Staff may feel a host of emotions toward adults who abuse substances. As professionals, however, they have an obligation to come to terms with those feelings and re-examine them within the context of current knowledge about the patterns of addiction and recovery. You can support program goals, as well as the growth and development of individual staff members, by providing professional training opportunities and other mental health supports that will enable staff to look first at their own beliefs and behavior.

Build trust over time

Meeting and enrolling new families in Head Start is the first step toward building trust over time. After that, it is the effort made by all staff — not only social service and parent involvement staff — that solidifies the bonds between caregivers and the program. "Parents often have been through many bureaucracies and lost trust in the system," says a social service coordinator in Texas. Effective ways of building relationships include monthly meetings with games, or "Make and Take" activities where "we teach parents to play like kids, so they'll play with their kids."

Home visits are critical. It is important to send the same person consistently and not ask the parent to get used to too many faces. Also, a social service worker and teacher team can be an effective approach. The teacher who works with the child has the greatest chance of capturing and keeping the attention of parents. Phone calls from teachers and invitations sent home have a positive impact if teachers are persistent. Incentives for parent involvement can include T-shirts, bumper stickers, dinner at a local restaurant, or a book given for several hours of classroom service. Says one director, "Last year we gave away 500 books." Another director obtains donations from local businesses for hours "earned" by parents.

Involve parents in educational decisions

Make opportunities to educate parents and other caregivers about what you are doing in the classroom and why. For some, social events — such as pot luck suppers, new-family gatherings, and culturally sensitive celebrations held at the program — may offer informal opportunities for teachers to talk about classroom activities and invite parents' participation. For others who may be less able to come to the program and interact, notes or comments sent home may open the door to communication. Involve parents in setting realistic expectations for their children, understanding the limits of what three-year-olds and four-year-olds can and cannot do, and having fewer — but consistent — household rules. Convey, through modeling as well as conversation, more positive ways to interact with children. Teach parents about on-going assessment; in time, they can become active partners in observing and recording their child's progress and development. Make particular efforts to draw on the parents' own expertise and knowledge of their children in designing specific activities that are likely to engage the child's interest and support development.

Extend classroom activities

Through parent meetings, home visits, home-based programs, and materials sent home, teachers can let parents know about classroom activities and promote their use at home. You can encourage teachers to promote classroom activities that address home issues, topics, and events, such as family get-togethers,

or "Make-and-Take" sessions where caregivers engage in a creative form of play with their children. These activities may yield a take-home item and will help caregivers to focus on the fun of playfulness and the opportunity for creativity and success, not only on the product.

Support vulnerable families

The value of supporting families in making changes is as true today as it was when Head Start began. What has changed is the urgency of the need and the difficulty of the challenge: more families live in poverty; and more parents and other caregivers struggle with substance abuse, violence in the home and in the street, health care issues, and homelessness. If programs do not succeed in guiding the family to change both individual behavior and interpersonal dynamics, there is less hope that improvements in the child's behavior will be maintained.

To work with families involved with substance abuse, family support staff need to develop new ways of working with families and reaching out to partners in the community. Helping substance-abusing families identify their problems, and supporting them in referral and follow-up, is a different process from other family issues. It requires new skills and knowledge. Grantees need to provide training and prepare staff for these responsibilities, as well as forge new relationships with substance abuse treatment resources. Some programs may wish to have a full-time or part-time certified alcohol and drug counselor on staff, or to make arrangements for on-site consultation with families by persons with special training.

For more information, review the companion manual "Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team."

CHAPTER III:
Strategies For Improving Program Support

There are a number of ways in which the Head Start program can provide support to children and families affected by substance abuse.

Facilitate Transitions In and Out of Head Start

You can help to ease transitions for children as they move into Head Start and later as they move on to public school. The concept of transition planning is most clearly demonstrated in Head Start's efforts in behalf of children with disabilities. However, there are many other children with special learning or behavioral needs for whom individualized efforts and plans can be very helpful.

Components of Effective Transition Planning

Build mutual institutional understanding

Your program may already be taking steps to ease the transition for children moving on; individual teachers may already work actively with elementary schools in your area. For those children with diagnosed disabilities, it is important to formalize a transition process and develop specific procedures and practices that prepare institutions, children, and families for new settings. Included in this process can be opportunities to address the needs of children who do not qualify for disabilities services, but who need special help.

In order to lay the groundwork for the effective transition of individual children, you need to develop a receptivity to collaboration between Head Start and the schools based on an understanding of each other's roles and expectations. One way of doing this would be to hold awareness sessions to familiarize elementary school teachers with the Head Start environment. Have your Head Start teachers offer tours of their own classes and talk about their routines, goals, parent involvement opportunities, the number of children in a typical class, and the daily schedule. In this way, they can acquaint public school teachers with the basics of Head Start. Providing time for dialogue between Head Start staff and elementary school teachers enables them to build a sense of connection and continuity and to see the similarities between the two settings. Children, too, see the faces of new teachers while they are still in their own familiar classroom setting.

It is equally important to give Head Start teachers release time so that they can visit elementary schools and observe the classrooms there. If Head Start teachers have a general familiarity with the different elementary schools in the area, and get a flavor for the types of programs and routines to which children will be exposed, they can help children to prepare for their new experiences. Provide opportunities for follow-up discussion to explore the objectives of each program/school and the role that parents play in each institution.

Help parents form partnerships with school

As children move on to public school, the prominent role that parents and other caregivers play in their education often diminishes. Making the transition to public school can be difficult for parents—especially for those whose own experiences and memories of school may be negative.

Sponsor support groups for parents of children who will be entering public school in the coming year. Provide opportunities for parents to explore their own feelings about public schools and think about how these feelings might be transmitted to their children. Offer suggestions for activities parents can do with their children to help them get used to the idea of a new setting. Establish linkages between the Policy Council and the PTA.

Host orientation sessions for families of children who will soon be entering the public school. You may do this jointly with other preschools and child-care programs in your area. Invite key people from elementary schools, such as a kindergarten teachers, principals, social workers, and related service providers, to help parents gain a familiarity with different faces, ease their anxiety, and feel more comfortable with the impending transition. Topics of the orientation session may include:

- What are the rights and responsibilities of parents and other caregivers in the public school?
- How can parents serve as advocates for their children's education?
- How can parents work effectively with teachers and managers?
- What are the normal reactions of children entering public school?
- What resources exist within the school, and how can parents access them?
- How can parents become active volunteers in their child's school?

Where a child may need special help or attention, assist parents in setting up appointments with future kindergarten teachers and coach them in how to participate in the meeting. Invite past Head Start caregivers who have an "insider's" knowledge about the school to accompany new parents on a tour of the school and talk about how the school works.

Sponsor activities jointly with the public schools

Look for opportunities to join forces with the Local Education Agency (LEA) or other public schools into which Head Start children feed, to offer staff training. Collaborative training can bring Head Start programs together with other schools and agencies, set the stage for other cooperative ventures, and provide the face-to-face contact between Head Start teachers and school personnel that is vital to a smooth transition. Some public schools now conduct their kindergarten screenings on-site in the Head Start program. If your school does not, explore with the LEA the possibility of instituting this practice.

Establish a system for exchange of relevant records

It is important that receiving teachers have information about incoming children, especially those with a history of challenging learning and behavior problems. Both receiving and sending institutions need to determine what information about children is valuable to share. Head Start managers, working in collaboration with parents, can help by establishing a process to ensure that the information is accessible to receiving teachers before opening day at school. Among the materials that may be valuable:

- Progress reports that document what the child learned during the course of the year, and samples from the child's portfolio.
- Forms filled out by Head Start teachers that capture information about the child's learning style; materials the child particularly enjoys; the child's strengths in key developmental areas; how the child relates to adults and peers; what activities the child finds comforting; and what helps the child cope with transition.
- Information that provides background about Head Start, such as the program philosophy, a typical day's schedule, number of teachers, number of children, types of learning centers, procedures around cleanup, the classroom rules, and what happens if children do not follow the rules.

Your policies regarding confidentiality will affect what information you can forward to the school. Head Start programs and elementary schools must have a shared understanding of confidentiality and the procedures that ensure it. Each institution must examine its own policies and any government regulations regarding confidentiality (see "Policies on Confidentiality" later in this chapter).

How information will be shared between receiving and sending institutions will vary from district to district. The first step is to determine whether parents or Head Start are responsible for the transfer of records, and to whom the records should be sent and when.

It is critical to identify an individual in the school who understands system-wide services and can be responsible for receiving and distributing the records. If the teachers do not see the records before school starts, important time is lost in easing the child's transition. If necessary, work with school administrators to establish who in the school or LEA central office is responsible for receiving and distributing children's records and giving this information to kindergarten teachers.

Use the entry of children and families into Head Start as a model experience

Begin to think about smooth transitions for children and families from the beginning of their experience in Head Start. The process you follow and the information you share when they enroll in Head Start sets the stage for how they experience the transition of their children into new settings in the future — especially the transition into public school.

One process you might adapt would be to send an acceptance letter from Head Start goes out to the family in the spring, followed by a series of health checkups, inoculations, dental visits, and so forth — all coordinated by family workers. Pre-enrollment paperwork follows. Sometimes an orientation home visit takes place before the program starts.

In September, hold family orientation sessions. On one day, invite half the class (caregivers and the children) to come in, meet with the teacher, and learn about the program and plans for the year. Engage the children and caregivers by carrying out a hands-on activity for parents and children to do together. On another day, invite the other half of the class to come in. By the time the whole class is together, all the families will have received orientation and attention in smaller groups and short sessions.

In the spring, take children who will be entering kindergarten in the fall on a field trip to a kindergarten in your area. Work with the kindergarten teacher to gradually introduce children to the classroom, using guided discovery in small groups. After the field trip, invite children to talk about their experiences.

How is elementary school similar to Head Start? How is it different? Children may draw pictures or tell stories about what they saw and how they felt.

Invite older siblings who are having good experiences in public schools to come and speak to your classes. Invite kindergarten teachers to come and talk about their classroom and the kinds of activities they do. Make a puppet play about animals going to kindergarten. Encourage children to extend the play. Have children write letters or draw pictures for their receiving teachers.

ENRICH STAFF CAPACITY THROUGH TRAINING

Training can help Head Start managers, teachers, parents, and other volunteers to:

- Understand the latest research about effects of prenatal exposure to alcohol and other drugs, the environmental threats, and the complex interaction among biological and environmental risks;
- Develop a common philosophy and language;
- Examine personal beliefs and attitudes;
- Learn and practice successful strategies for creating classroom environments to meet the needs of children who have been affected by multiple risks; and
- Identify resources within the district and the community for providing needed support to children and their families.

Focused training can also provide managers and staff with the needed support for implementing the strategies detailed in previous chapters.

Key Training Topics

Expert practitioners confirm that it is essential for Head Start staff to understand the characteristics and the realities of the lives of children with difficult behavior problems; the classroom interventions that can make a difference; and the ways to identify, access, and constructively use resources outside the program to strengthen the health and development of children and their families. The following is an inventory of key topics that are particularly relevant for those staff working directly with children; they have been organized into possible workshop sessions.

Creating the right Head Start context for effective intervention

A series of workshops that address:

- Staff members' own attitudes about, and issues with, abuse and addiction;
- The effects of exposure, before birth, to alcohol and other drugs;
- The impact on children, after birth, of drug trafficking in communities and of substance abuse in families;
- Strategies for ensuring staff safety in the community;
- Strategies for adapting the curriculum to meet individual needs;

- Ways to establish nurturing relationships with vulnerable children; and
- Understanding staff roles and responsibilities in supporting vulnerable families.

Implementing strategies in the classroom

A series of workshops that address:

- Children diagnosed as having Fetal Alcohol Syndrome and Fetal Alcohol Effects;
- Children with language delays and disorders;
- Children with social interaction problems, short attention spans, problems with aggression and lack of impulse control, or children who are withdrawn.
- Mixed-age grouping;
- Minimizing daily transitions and distractions; and
- On-going classroom assessment.

Knowing when outside support is needed

A series of workshops that address:

- Finding community resources for children, parents, and staff;
- Facilitating referrals and consultations;
- Creating effective relationships with outside specialists, and incorporating their expertise into day-to-day classroom operations; and
- Referring children who need a special placement.

Define Training Needs

How do you make decisions about the kind of training that is necessary? Because of previous work and experience, training in some areas may not be necessary in your program. Some sessions may be important for all staff—professional, paraprofessional, and volunteers—since certain key ideas will be important to everyone who interacts with children on a daily basis (bus drivers and food service staff, as well as teaching staff). Other sessions may be important for all of your component coordinators, but not all of their staff members. Still others will target teaching staff and/or social service staff and/or parent involvement staff.

Select Workshop Leaders

In addition to learning about possible leaders' backgrounds and qualifications as trainers, it is important to ensure that their approach is compatible with the Head Start model and philosophy. To conduct successful training on any of these topics, workshop leaders must:

- Understand that children affected by substance abuse are not "hopeless cases" and that they can grow and learn;

- Acknowledge that the label "drug exposed" is not useful;
- Understand the difference between the effects of alcohol and those of other drugs;
- Recognize that research to date has not indicated a specific profile for children prenatally exposed to drugs; never suggest, in any presentations, videotapes, or print materials, that there is such a profile;
- Hold an inclusive view of children at risk, including children affected by substance abuse, seeing them as Head Start children to be served and not as "those" children — separate in some way; and
- Understand the importance of diverse cultural attitudes on child-rearing.

Workshop leaders also need to be knowledgeable about specific topics, such as conducting authentic assessment or understanding speech and language development. It is especially important that the speaker is able to address the range of responses that the issue of substance abuse may elicit from participants. Substance abuse is a charged issue; the trainer must be able to help participants recognize and work through some of their own issues around substance abuse, as well as respond to the real concerns that teachers, specialists, and managers struggle with daily as they try to meet the diverse needs of children.

With these criteria in mind, you can look for suitable workshop leaders through the consultant pools offered by Head Start Technical Assistance Support Centers (TASCs), local mental health agencies, substance abuse prevention programs and treatment centers, the early childhood education and health education departments of local colleges and universities, and the Council for Exceptional Children's Division of Early Childhood (DEC).

PROVIDE CONSTRUCTIVE SUPERVISION

Head Start staff around the country stress the value of managers who openly acknowledge the challenges they face in working with vulnerable families and children who exhibit behavior and learning problems. The work is taxing — especially if your program holds double sessions. Staff appreciate the chance to talk openly about the problems they face and to have their supervisor's attention and input toward finding some solutions.

Schedule Opportunities for Supervision

Directors and component coordinators can support their staff by creating both a forum for group discussion and opportunities for one-on-one conversation. In small groups that can meet together consistently over time, staff can plan class activities, talk over particular problems, and explore possible solutions with other staff members. When considering complex problems in a social context, the ideas of one person spark new possibilities and ideas in another. In one-on-one conversations, staff members have a better chance to discuss freely any problems about which they feel sensitive or awkward. They may seek guidance, recommendations, or reassurance more openly.

Create a Context for Staff to Construct New Knowledge

According to a view that is gaining wide attention, Head Start staff, like learners of all ages, must construct new knowledge for themselves, based on their own experience. The key is to enable staff members to be actively involved in what they are learning, not just passive receivers of external knowledge. Whether meeting in small groups or with individual staff, the manager as supervisor strives to act as a facilitator, not a lecturer or problem solver. For example, instead of describing a particular situation and telling the staff member why her behavior was not effective, ask open-ended questions such as: "What was happening when I came into the classroom? What were you trying to accomplish? How well do you think it worked? Are there other ways you might go about it?" The goal is to have staff members assume ownership for their growth and development. The administrator's role is not to provide the right answers but to create a context within which program staff can examine a situation together.

Use Supervisory Sessions to Translate On-Going Classroom Assessment into Curricula

Supervisory sessions can be used to improve teachers' techniques for on-going classroom assessment (discussed in Chapter 2) and strengthen their capacity to monitor children's progress in constructive, authentic ways. In supervisory sessions, you can encourage teachers to review their classroom observations on an on-going basis, and then use these observations to create individualized activities to help each child progress.

CONSIDER PERSONALITY CHARACTERISTICS WHEN HIRING NEW STAFF

In hiring new staff, Head Start managers and Policy Council members have always considered values, attitudes, beliefs, and personality, along with skills. In addition to looking for teachers well-trained in child development and early education, intuitively they have looked for individuals with particular personality characteristics. Now, new information supports the idea that personality characteristics may be the most important attribute of effective teachers.

The National Association for the Education of Young Children (NAEYC) has developed a set of criteria for evaluating program quality. These criteria stress the central aspects necessary for successful interactions between staff and children: warmth, personal respect, individuality, positive support, and responsiveness. The Council for Exceptional Children's Division of Early Childhood has also developed a set of quality program indicators.

It is easier to enhance knowledge and skills through training than it is to alter essential personality characteristics. Education coordinators frequently share their frustrations about teachers whose practices do not change, despite training workshops and education courses. A resource paper recently developed for Head Start confirms the importance of personality characteristics. It reviews current research, presents information on teacher characteristics and teacher-to-child relationships, and highlights the importance of having teachers who are able to nurture children with unconditional acceptance. This acceptance, as studies on resiliency have found, promotes children's feelings of self-worth. Self-worth, in turn, contributes to children's social and emotional development and successful adaptation to life's challenges. "In

Head Start programs," says the author, "effective teachers also establish and maintain positive relationships with the families they serve."

Identify the Characteristics of a Good Teacher for Your Program

Personality characteristics influence how a teacher communicates with children, parents, and co-workers. Attitudes and beliefs also influence teacher communication. Children, parents, and co-workers will get a sense of their own self-worth from the understanding and respect shown in a teacher's communication.

Researchers and Head Start managers have identified particular personality characteristics, attitudes, and skills that are qualities of good teachers (see Exhibit 2, "A Teacher Qualities Questionnaire"). Directors and the personnel committee can use the questionnaire to discuss and prioritize the characteristics most valued in the program and to record their impressions of candidates' qualifications.

Find Out How Teachers Will Teach

In addition to interviewing candidates about their knowledge, beliefs, training, and experience, as well as observing them interact with children in your program, you may want to use the tool that appears in Exhibit 3, "Situational Questions: A Tool for Learning About Candidates' Characteristics." It asks teachers to describe what they would do in a number of possible, and sometimes challenging, situations.

REVIEW AND ADAPT EXISTING PROGRAM POLICIES

Policies provide the written, formal foundation for program procedures, as well as outlining the philosophy and point of view that guide program work. As you move toward making program changes to better serve children with difficult behaviors and their families, you will need to review certain key policies and protocols. Some may need to be adapted to meet your current program needs and community realities. Enrollment policy is discussed in more detail in Chapter 2.

Confidentiality Policy

You need a clear policy on confidentiality to use both internally and in transactions with other agencies. Your policy must reflect familiarity and compliance with several sets of regulations.

Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2)

Federal confidentiality regulations regarding substance abuse treatment prohibit the disclosure of records or other information concerning any patient in a federally-assisted alcohol and drug abuse program, except under special conditions: internal communications within a program, medical emergencies, re-

* For further information and guidance, see Confidentiality of Substance Abuse Information: A Manual for Head Start Pro grams Who Identify Families as Having Problems Related to Alcohol and Drug Use and Who Refer Parents for Treatment, by A. Collins et al. Cooperative Agreement No. 5-U88-T100023 between Baltimore Substance Abuse Systems (Target Cities Project), Baltimore City Head Start Substance Abuse Project, and the University of Maryland School of Law/Clinical Law Office. Baltimore, MD: By the authors, 1993.

search activities, and audit and evaluation activities, or where there is written consent, qualified service organization agreement, proper court order, reports of child abuse and neglect, and crimes on program premises or against program personnel committed by program patients. The definition of treatment is broad and encompasses those who discuss the need for treatment or who make referrals to treatment. Thus, while designed for treatment centers, the regulations apply to many types of Head Start programs providing such services as family needs assessments, counseling, and referrals. Each Head Start program should consult with qualified legal and treatment resources to discuss the regulations and how they need to be implemented.*

Federal Laws Regarding Confidentiality

The Family Educational Rights and Privacy Act of 1974 (FERPA) safeguarded the privacy of school children and their families. FERPA applies to all educational agencies or institutions, private as well as public. FERPA does not apply directly to Head Start, except for those under the jurisdiction of a school district. The Education of All Handicapped Children Act (P.L. 94-142), which was amended in 1986 as P.L. 99-457, includes those children enrolled in Head Start and covers parental access and confidentiality of "personally identifiable" information from the moment of birth. This legislation has been reauthorized as P.L. 102-119, The Individuals with Disabilities Education Act (or IDEA).

Head Start Confidentiality Policies and Protocols

Your program policies must describe protocols for collecting information. The best approach is to record only information that is absolutely essential — not other family information that is not directly related and that could be hurtful if disclosed. In particular, you should familiarize yourself with confidentiality laws regarding substance abuse and results of HIV testing as they apply within your own State. Your policies must spell out provisions for information storage (including protocols for keeping files locked and securing computer files with access passwords) and for access (designating who has keys and/or passwords, and maintaining a log where designees record when they accessed what information and for what purpose).

Policies must spell out protocols for disclosure, detailing how information will be provided to others on a need-to-know basis. You will want to consider carefully what is gained, in each instance, by any release of confidential information. A sound principle is to disclose only information that your program staff wrote — not information from other agencies that has found its way into your files (such as records from a health clinic, drug treatment program, or protective service agency). If this information is actually needed by a new agency (e.g., the LEA), instruct the caregiver to obtain it anew from the agency (e.g., the clinic) that originally issued it. The LEA does not automatically have the right to receive all of the information in a child's file.

Like Head Start, other health and social service agencies will be concerned about preserving the confidentiality of client information. Written policies that can be shared with other agencies help to pave the way for clear, interagency understandings about confidentiality, disclosure, and use of information.

Finally, conduct rigorous staff development about the professionalism required in maintaining confidentiality. Teachers who may be talking over a child's problems in good faith nevertheless breech confidentiality if they refer to the child in any identifiable way in any place where they might be overheard. A crisis does not negate the importance of confidentiality. Even under stress, staff need to avoid the temptation to talk among themselves; they must never overlook the child's right to protection of confidentiality. Disclosure is not just unethical; it is also against the law.

Staff Safety Policy

Staff capacity to keep close connections with Head Start families is key to the success of family involvement. At the same time, managers are much more concerned now than in the past about protecting staff members. The following are some strategies for enhancing staff safety:

- Define clearly the policy that covers staff as they conduct home visits and travel in the community.
- Write specific protocols to cover such procedures as calling and notifying the security guard of a housing project of the time you will be coming; checking in with the guard on arrival; and providing an estimated time of departure.
- Interview other community leaders about accepted community norms on behavior, clothing, and codes of interaction and discussion; make staff aware of these customs.
- Suggest that staff display their photo IDs openly at times when they feel their association with Head Start may afford them some protection. Use decals on staff cars for the same purpose.
- Encourage (or require) staff to travel in pairs.
- Identify "safe houses" in the neighborhood, where staff can go in an emergency.
- Meet parents who live in extremely dangerous neighborhoods at the nearby fast food restaurant rather than going to an apartment. Head Start now accepts that these meetings can sometimes qualify as home visits.
- Arrange for staff training in personal safety procedures, which can be provided by numerous organizations, including police departments and the YMCA/YWCA.

It is an advantage when Head Start directors and their staff are well-known and well-connected in the community, and can be part of a network of information and protection (which can, among other things, prevent staff members from getting caught in a household drug raid). Ultimately, though, knowing when a situation is dangerous and deciding when to get out needs to be each staff person's responsibility. You can contribute to staff safety by making clear that "you cannot help the child or the family if you get hurt."

Policy on Release of Children

A common concern for all programs is to have a written policy and protocol in place that can guide staff when a caregiver arrives to pick up a child and is either drunk or obviously high on drugs. The protocol will include the basic policy that a child does not leave with an adult unfit to drive or care for the child. Even if an automobile is not involved, staff must consider whether the child will be safe at home. Policies and procedures about reporting suspected child abuse and neglect may become relevant in situations where the child cannot be safely released. All staff must be trained in these policies and procedures and how to handle a variety of possible situations.

Policy and protocol must also cover appropriate procedure when the caregiver becomes hostile, abusive, or even produces a weapon when his or her intention is blocked. Staff needs to know who to contact in the program and who—by name—to contact in the police department. Staff members also need to alert

the police if they feel that a police patrol near the home is advisable later on. The policy and protocol should be shared with parents as well.

Crisis Planning and Management Policy

How does a teacher with twenty children respond when she observes that a child is suddenly lashing out violently at his classmates for no apparent reason? What does she do when a child, during class, reports that her brother was shot the night before?

When a crisis occurs, it is distressing not only for the child, but also for classmates and teachers who often feel helpless and afraid. Today, staff needs to be prepared to deal with a wide range of crises — from a child changing placement, to the incarceration of a parent, or the death of a family member or friend.

Local grantees will be better prepared for sudden, troubling events, however, if they develop a thoughtful and organized crisis policy. This policy, and the crisis plan, should draw upon the strengths and capacities of different staff members. It should also be supportive of the needs of both students and faculty.

A crisis plan has a number of benefits for children, staff, and parents. These include:

- Promoting a collaborative and comprehensive approach that ensures the children's physical safety and emotional well-being;
- Providing teachers with the knowledge that the program will provide the support needed during a crisis; and
- Providing opportunities for families to access needed services from community agencies.

You can develop a shared understanding by providing an open forum that allows staff, managers, and Policy Council members to express their concerns about the programs' capacity to handle crises. These crises might include family members abusing alcohol and other drugs; shifts in foster care placement; witnessing family or community violence; child abuse and neglect; death or serious illness of a family member; and homelessness.

- Focused training can help all staff to recognize warning signals that a child is in crisis; to support both the child in crisis and other children in the classroom; and to facilitate consultations and referrals to outside agencies. With staff and Policy Council members, brainstorm procedures that could be followed in handling different types of crises. You may discover that procedures and contact people vary according to the type and severity of the crisis. Intervention may involve observing and talking to the child, talking to the parents, or contacting the appropriate agencies (e.g., health care providers, emergency assistance and social service agencies, law enforcement personnel, or the State department of youth services, if necessary).
- The Policy Council, fostering a discussion with the staff, can identify different crises that the program has encountered or might encounter. These can be ranked according to severity. Highlight those that would require immediate attention, and discuss the best way to handle each. Specific procedures to be followed will vary according to the type and severity of crisis, as will the contact people (e.g., health care providers, emergency assistance and social service agen-

cies, law enforcement personnel). It should provide Head Start staff with a rationale for reporting crises and a summary of pertinent laws and regulations; help staff to identify the people who should be contacted when a crisis occurs; and suggest the types of information that is required, as well as the reporting procedures that are involved. In addition, the policy should include a protocol for working with the child's family and the child's teacher. With your staff, check periodically to evaluate how the crisis plan is working, and to identify loopholes and areas that still need to be worked out. The checklist in Exhibit 4 can help you plan to respond to the crises you cannot prevent.

PROMOTE INTERAGENCY COLLABORATION

Identify Potential Partners

As the needs of families and children in communities change, Head Start programs need to identify and form connections with a broader range of agencies. Exhibit 5 offers a worksheet that you can use to identify relevant community resources. It includes an expanded list of agencies in education, health and mental health, social services, law enforcement, and criminal justice with which the Head Start program might form linkages. Various agencies can be sources of information, referrals, services, and/or training expertise. Along with data from the Community Needs Assessment and Family Needs Assessment, use the worksheet to note specific local agencies, identify contact people in each, and specify next steps to take toward collaboration.

Open a Dialogue with Other Agencies

Head Start is comprehensive—serving families as well as children; focusing on health, social services, and education; and including children with disabilities as well as normally developing children. More than most community agencies, therefore, it carries an institutional understanding of the importance of interagency linkages. As Head Start programs interact with new community partners, they can apply proven strategies to these new relationships.

To foster common awareness among agencies, directors report that they:

- Hold a Head Start luncheon to "break bread together" once or twice a year;
- Invite all the agencies to visit the program and talk about their interests and expertise;
- Join a community planning council;
- Join with the LEA and other agencies to sponsor a community fair that features different community organizations;
- Plan or participate in a forum for Head Start teachers and managers to gain an overview of resources available within the community and outline procedures for facilitating referrals and consultations;
- Participate on a panel of speakers that includes representatives from community agencies, where each panelist describes their organization, the types of services provided, how referrals are made, and how they have worked with Head Start in the past;

- Join forces with other early childhood programs, schools, and professional organizations in the area to offer collaborative training;
- Serve on local and statewide advisory councils; and
- Partner staff and parents to interview local community agencies and prepare a parent-initiated and designed community resource booklet.

Promote Head Start's Contributions

Once key people in community agencies know you, collaboration can take many forms. Joining with other community agencies, Head Start can:

- Build reciprocal referral systems;
- Provide or access services to support the health and development of Head Start children;
- Access services to support the health and development of vulnerable parents and other caregivers;
- Offer employee assistance programs to staff;
- Provide training and technical assistance to staff;
- Define community needs or help define the needs of a specific program;
- Plan service delivery strategies that are more integrated and less redundant;
- Forge a coalition to effect community change; and
- Write coalition-based grants for specific projects or services.

Develop Written Interagency Agreements

Formal, written agreements that spell out institutional relationships are the best way to ensure that reciprocal arrangements will continue over time. Otherwise, shifts in key personnel in one agency or the other can weaken or dissolve the agreement. Written interagency agreements usually include:

- An overview of the mission or purpose of each organization;
- A description of the purposes of the interagency agreement;
- Procedures that describe specific ways people will work together;
- A discussion of eligibility criteria, types of services offered, and timelines, as well as access to transportation;
- A discussion of the referral process: how referrals are made and by whom, and the steps that are involved in the feedback loop;
- Information about cost-sharing for joint services (e.g., screening, classrooms staffed by LEA and Head Start personnel, and training); and
- Mechanisms for handling interagency disputes.

Interagency collaboration between Head Start and LEAs began as a way to describe which services each program would provide to children with disabilities. Interagency agreements with LEAs, important as they are, are not the only option. Reciprocal arrangements with other kinds of agencies may prove equally valuable, and at the same time require different definitions of reciprocity.

Treatment centers, for instance, may provide Head Start with intervention services, support groups, and individual and family therapy. Many treatment centers are privately funded, relying heavily on third-party payment or direct payment. Other treatment centers rely on multiple streams of funding: State contracts, federal grants, and fees for services. All treatment centers have an incentive to fill treatment slots. Head Start can represent a source of referrals to an agency. If you agree to provide a certain number of referrals over a year, for example, the treatment center may be willing to treat some of your cases pro bono, treat other cases on a sliding scale, or provide a consultant to conduct staff training.

CASE 4: Working With Migrant Families – Lessons For Head Start At Large

The following case illustrates the types of situations that Head Start staff and managers have encountered in serving children who have been affected by family substance abuse. The case content is real, but the names have been changed. Questions for the management team are included to guide the reader's thinking and suggest links to situations in local programs.

"Migrant farmworker families involved with substance abuse present a special challenge to Head Start," says the health/disabilities specialist at the Migrant Head Start Resource Center. "The families are highly mobile. Often they live in communities for very short periods of time — they may relocate to different areas each year, depending on weather, the crop conditions, the local farm labor supplies. Service delivery is very difficult during working hours, because losing time from work means people lose the income they need for basic necessities. In the evenings, family members who've worked in the fields for twelve hours are tired, they may not be reachable by phone, they may have to rely on crew leaders or others for transportation. And migrant families live and work in rural areas, where services are few and far between anyway.

"Factors other than logistics keep migrant families separate from the communities. Culturally diverse, often non-English speaking, they frequently feel like outsiders. They are often looked upon as outsiders, too, with many State and local agencies unwilling to accept responsibility for serving migrants and their families.

"Yet we do see some positive steps. Take the Gomez family, for instance. Every spring they drive north from their home in Texas to live and work harvesting vegetables on large, privately owned farms. They stay `upstream' for about four months, as different vegetables ripen and must be picked, then follow the migrant stream further north to another community, where they stay two months, before going home to Texas. There are now Migrant Head Start programs in all three locations where they live. Mr. Gomez's goal in life is to provide the very best for his wife and three young children. Increasingly frustrated, though, he's become depressed and started drinking; sometimes he's violent.

"As Mrs. Gomez became preoccupied with her husband and his moods, she began to go next door to see her friend Mrs. Farias for a drink in the evening.

"One night, at a Migrant Head Start Center meeting, she heard people talk about substance abuse as a family issue. One woman was worried about her husband; he was drinking so much and he was so tired in the daytime that his work was suffering. Another woman was worried because her teenage son was spending all his time with teenagers known to be heavy drinkers. Mrs. Gomez remained silent. She didn't want to raise her concerns about her husband's drinking for fear their family reputation would suffer. And she would never say anything about her own drinking; women in her culture who drink are not thought of highly. But she listened intently, and when the coordinator asked how many parents would like to see substance abuse as one topic for the program to address during the season, she raised her hand.

"The Migrant Head Start program scheduled weekly support groups for parents. They weren't able to locate a bicultural, bilingual substance abuse specialist in their own community, but they found one in the nearest large city—sixty miles away—working with a project funded to serve Hispanic families in crisis. She agreed to assist two evenings a month, for a nominal fee to cover gas and other expenses. She also agreed to provide over-the-phone support in developing a program for the children while their parents attended meetings.

"The grantee could not locate a community program interested in working with them to serve migrant families, other than the local chapter of Alcoholics Anonymous. AA had no Spanish-speaking members but did agree to help Migrant Head Start establish twice-weekly meetings. On the specialist's suggestion, program staff contacted the State agencies responsible for substance abuse, both in the State where the families would move to next and in their homebase community in Texas. They obtained the names of Al-Anon groups with at least one Spanish-speaking member in the next locations, and gave them to the families. They obtained the correct written permission from the families and transferred confidential but important information to appropriate Migrant Head Start personnel in the next location. Later on, if families wished to transfer the information to other service providers, they could do so.

"Finally, the grantee contacted the other Migrant Head Start programs in their stream to let them know what they were doing in the area of substance abuse and to offer their assistance in developing similar services for families. The program also plans to work with substance abuse service providers in their local communities and at the State level, to make providers more aware of the needs of migrant farmworkers and to advocate for better services and a more receptive attitude among the services that presently exist.

"Mrs. Gomez? As a result of the weekly sessions, she learned about co-dependence, as well as addiction. She realized that she must focus on caring for herself and her children. While being supportive of her husband, she could not solve his problems for him. She learned methods of disengaging and coping; she visits her friend next door less and less often, as her focus returns to herself and her children. She did tell her husband about the meetings. He was not interested in attending, but he did admit that his drinking was becoming a problem — especially after he learned that a good friend of his attended a couple of the meetings. Mrs. Gomez hopes that in time her husband will face his problem squarely . . . and when that time comes, she hopes that there will be someone available who can help him."

QUESTIONS FOR THE MANAGEMENT TEAM

- What similarities do you see between your program and the challenges facing the Migrant Head Start program?
- In what ways do you see Head Start acting as the "linking" agency in your service area, taking the lead in bringing services together?
- Which families are seen as "outsiders" in your community? Why? What could you do to change these attitudes where they exist among your own staff? Among other families in your community? Among service providers?
- What changes would you advocate for in your local community and at the State level?

CHAPTER IV:
Establishing Program Priorities

FELICIA ROBERTS'S PRIORITIES AND CHANGES: CASE COMMENTARIES

In the introduction to this manual, we met Felicia Roberts, Director of a mid-size, urban program (200 children and a management team that includes the director and three other full-time coordinators). Felicia Roberts has just come away from a conversation with one of her teachers, Carolyn, who talks about the difficulties she is having with a child who came into the program six weeks ago. Leon is easily distracted, has difficulty getting involved with classroom activities, and has trouble changing from one activity to another. Sometimes he erupts into violent behavior. Carolyn is concerned that he also has difficulties with language. After the conversation, Felicia thinks about Leon's needs, Carolyn's needs, and the needs of the teaching staff as a whole. She's thinking about how to provide more special services, such as speech and language services. At the same time, based on experiences with children similar to Leon, she's wondering if speech and language services are really what he needs, or whether there are other underlying difficulties that show up as a delay in language.

We asked two expert practitioners to comment on what Felicia should do and what resources she had or would need in addressing this situation.

Commentary No. 1—Head Start Director

"Felicia will feel less overwhelmed and better able to identify available resources if she makes use of her staff and delegates some of the tasks to them. So that's what I did: I called on the substance abuse specialist in our program and two center directors. These are our thoughts, collectively. Felicia could:

- Let her staff know that she understands there are some problems in the program and she's taking steps to address them. This kind of validation is very important to staff—it relieves some of the burden to know that someone is helping.
- Recognize and identify the training needs of her staff. For one thing, she needs to do some training on the negative impact of labeling families and children. Certainly, it will help if the staff have some basic speech and language training. Before planning any training, she should let her education coordinator know about the teachers' concerns and arrange for an assessment of overall classroom needs.
- Realize that the teachers are an important resource: they may have ideas or recommendations that would be useful, and they need a forum for expressing them. They can also assist in locating other resources, such as outside training for staff development, student interns with expertise in speech and language, and programs for children with various special needs.
- Develop a system that allows specialists to provide some clinical support for her teaching staff; this could be done by having team meetings, for example.

- Apply some of the same principles that she's using with her staff and arrange for a family conference. A fact-finding conference with the family can provide a lot of information about how the family members relate. It can also serve as an opportunity to discuss all the formal testing results on hearing and speech, as well as teacher assessments. This would be a team meeting involving the teacher and the mental health consultant.
- Use her team to find resources in the community—assuming the child does need speech and language help. Even if this particular child doesn't need such support, plenty of other children will. Maybe there's a college with a language program that would provide some observation and assessment at little or no cost. Look into child-care resource centers and speech and hearing clinics.
- Work with the education coordinator to explore ways to use volunteers or interns in the classroom. This would free the teacher to work more closely with Leon. She can spend some time helping the teacher develop alternative activities he can perform alone. There may also be activities the parent can use; by providing information to parents, they can do language building at home, as well."

Commentary No. 2—Early Childhood Specialist

"If I put myself in the director's place and take on the teacher's concern about the individual child, a question I'd ask is: `Does this child really need a language therapist?' It's possible that this isn't a child-centered problem, but a teacher-centered problem. I'd wonder how knowledgeable the teacher was about speech and language. Felicia could:

- Give the teacher some material to read. Some state-of-the-art but user-friendly material can give teachers a better grounding. Often, teachers can do more themselves to stimulate language development.
- Arrange for a good speech and language presentation to the whole staff, whether for the first time or a refresher course. That way everyone's skills increase, not just this one teacher's.
- Talk to a language specialist after some time has gone by and assess whether more focused work on the part of the teacher is making a difference.
- Arrange for a speech therapist to spend some time in the classroom observing, and then to give staff some ideas for stimulating language. It should be someone — a teacher, or an assistant teacher, or a parent volunteer—who has an interest in speech (like the teacher, Marianna, who had been doing it) or someone who is particularly fond of the child. She shouldn't automatically assume that the specialist needs to work directly with the child.
- Assign a speech aide to work with this child and other children as well. It can be more cost-effective, and it adds to the skills of your own staff.
- Think hard about the kind of behavior this child is exhibiting. Behavior is communication. If the child doesn't have adequate verbal skills, his behavior may be his dominant means of communicating. It's important to find out how the child gets basic needs and wants met. If his way of making them known is inappropriate, then the teacher needs to move him along to more appropriate ways. I worry about behavior modification when its goal is behavior compliance; or

extinguishing unwanted behavior without understanding that the behavior may be adaptive, given the child's experiences, temperament, and stage of development. So trying to extinguish it may not work very well—because in some way it makes sense to the child.

- Start to wonder, if the child doesn't respond to language interventions — or respond enough — if it really was a 'speech and language' problem at all. Give Felicia a minute and she may still be wondering where to get the right therapist, and how to pay for it . . . but it may be a clinical social worker or a psychologist that she needs."

SELECTING INTERVENTIONS

This manual points the way to improving core services to children and improving program support. It is up to individual management teams, drawing on the knowledge and experience that they collectively bring to the table, to sit down together, take the information in this manual, and assess how best to use it in their local setting.

In deciding where to begin, you, as members of the management team, will need to consider the dimensions of the problem in your local community, the particular needs of the children and families you serve, and your program's readiness to meet the special needs of these children and families. You will also need to think about any community trends that are likely to emerge in the future. Exhibits 6 and 7 offer two worksheets that highlight the interventions recommended in this manual and help you analyze what investment is needed to implement the selected strategies. These are intended to help you and the management team to consider the specifics of your program, identify your priorities, and work toward the changes needed to help children and families affected by substance abuse.

CONCLUSION

The years since 1965 have taught us important lessons about strengthening children and their environment — the family, classrooms, and communities in which they live. These lessons have lost none of their relevance or value, as we think about how best to meet the needs of children at risk.

More recent lessons are available as well, drawn from research on children prenatally exposed to alcohol and other drugs and research on the other family and community factors that affect children.

Increasingly, we can see consistency across the lessons. We know that children whose lives are affected by substance abuse are a diverse group and fit no single profile. We know that, for preschool children, the most important interventions are the ones that are consistent with the key Head Start direction of the past few years: support parents as the primary educators and nurturers of their children, and provide a Head Start child development environment which is nurturing and fosters social competence through cooperative play. We can see now that facilitating transitions and minimizing distractions, while essential for supporting children at risk, will benefit the learning and development of all children in preschool.

Head Start managers have a crucial role to play in fine-tuning the policies and practices of their local programs in order to provide the most supportive kind of classroom environment for children. The rewards for the dedication and commitment required, for facing the challenges to professional capacity, and the opportunities for growth ultimately lie in the reaffirmation of an old truth: Head Start can make a difference.

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List of Exhibits

Exhibit 1: *Adapting A Physical World for Children - A Checklist*

Exhibit 2: *A Teacher Qualities Questionnaire*

Exhibit 3: *Situational Questions - A Tool for Learning About Candidates' Characteristics*

Exhibit 4: *A Checklist for Developing A Crisis Plan*

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Exhibit 6: *Improving Core Services to Children - A Worksheet*

Exhibit 7: *Improving Program Support - A Worksheet*

Exhibit 1 *Adapting a Physical World for Children – A Checklist*

You can take steps to adapt the child's physical world and reflect characteristics essential to good programming through furniture arrangement, space and boundaries, interest areas, materials labeling and storage, and decoration. Survey your space for the following issues:

SAFE

- In a long room: some barriers that prevent it from becoming a long running track
- Barriers such as bookcases or shelving that are stable and let the teachers visually scan the entire room
- Classroom equipment and furniture that has rounded edges. no points
- A safe, fenced in area outside that has impact-absorbing materials under climbers, slides, and swings
- Playgrounds that are checked each day for debris and broken glass or broken equipment

ENGAGING

- Gross motor activities that use up children's excess energy
- Interest areas that permit different activities and encourage choice on the part of the children
- Materials, toys, and supplies that are on shelves or in cubbies, within children's reach, this adds to children's sense of independence if they can make their own choices and get the supplies they need
- A variety of toys with plenty of each kind available, so that children just .starting to .share have many of one item to play with (i.e., it's better to have many of a tew different kind.s of toys than many different kinds but only one or two of each). This cut.s down on frustration

(continued)

CALMING

- Walls and floors that are painted in quiet colors
- Some walls that are bare; other walls and windows that are not overly decorated
- Barriers between areas that minimize distractions
- Carpeting in some areas to absorb sounds; in play areas, carpeting that is short enough so that blocks may be stacked without falling over and adding to children's frustration
- Sitting areas that include soft cushions
- Record player that has earphones, carefully regulated to avoid damage to hearing
- Noisy areas (woodworking, blocks) that are situated away from quiet areas (reading)
- A quiet corner, nook, cranny, or alcove; an empty refrigerator box; or a little built-in loft that provides a place within the classroom not associated with punishment, where a child can retreat for a while with a stuffed animal or a book
- Classrooms that have their own bathroom or at least their own sink where children may engage in calming water play
- "Creating" with fingerpaints are fun, messy activities that allow children to let off steam

Note: Specialists can also contribute to constructive space planning

Exhibit 2 *A Teacher Qualities Questionnaire*

Use this checklist with your personnel committee to discuss and prioritize the characteristics your program values. Rate each characteristic according to the 1-to-3 scale: (**1** = *very important;* **2** = *moderately important;* **3** = *not very important*)

PERSONALITY CHARACTERISTICS

Personality characteristics identified in successful teachers.

___ enthusiasm
___ self-understanding
___ patience
___ respect for diverse people
___ a sense of humor
___ nurturance
___ energy and agility
___ flexibility
___ creativity
___ empathy
___ warmth
___ a pleasant manner

ATTITUDES AND BELIEFS

Attitudes and beliefs identified in successful teachers.

About Children:

___ significant growth and learning occur before grade one young children

___ learn best from concrete, hands-on experience

___ children need to be understood and respected

___ acquisition of a positive self-concept is the most important goal for preschool children

___ the most important learning takes place when children initiate exploration and direct their own play experiences

About Parents:

___ parents are primary educators of their children and have valuable knowledge about their children

___ individual differences in personality, ability, and culture influence parenting style and must be understood and respected

(continued)

___ working with parents is just as important as working with children

___ parents are capable people doing challenging and sometimes overwhelming jobs

About Coworkers:

___ individual differences in personality, ability, and culture influence work habits and must be understood and respected

___ program success depends on cooperation and coordination

___ teacher's professional growth is an ongoing process, never completed

KNOWLEDGE AND SKILLS IDENTIFIED IN SUCCESSFUL TEACHERS

With Children:

___ encourage independent learning and self-help skills in children

___ plan an environment and routine that promote child-directed learning

___ plan and carry out developmentally appropriate pre-reading, writing, and math activities

___ communicate to children on their level using active listening and open questions

___ use a variety of positive guidance strategies

___ foster interaction between children

___ foster positive self-concept in children

___ apply an understanding of child growth and development to planning for the needs of individual children

___ use nonjudgmental observation as a tool when learning about each child

___ stimulate learning in all areas of development with child-directed and open-ended activities

(continued)

Exhibit 2, *page 3*

With Parents:

___ help parents understand and appreciate developmentally appropriate practices

___ discuss child development and classroom practices with parents

___ use parents' knowledge and skills as resources

___ listen and respond to parents' concerns in a professional manner, attempting to resolve differences of opinion that may arise

With Coworkers:

___ foster participation from team members

___ use coworkers' knowledge, skills, and observations when planning

___ accept comments and criticism from coworkers in constructive way

___ give feedback to coworkers appropriately

___ know and share resources

Adapted from Chalufour, 1., *Effective Hiring Practices: A Look at Personality, Attitudes and Skills.* The New England Resource Center, EDC, 1993.

Exhibit 3

Situational Questions – A Tool for Learning About Candidates' Characteristics

Situational questions allow administrators and members of the personnel committee to learn about a candidate's approach to problem-solving by presenting situations and asking how he or she would respond. Head Start programs find these particularly effective in learning both about attitudes toward children and parents and about personality characteristics such as flexibility, patience, respect, and empathy.

Sample situations:

- Describe a success with a defiant or aggressive child.
- A parent brings in a child over a three-week period with bruises on her shins and upper arms. The child is particularly fussy at arrival and departure. How would you handle this?
- For the fourth afternoon in a row, a parent arrives to pick up the child and is clearly high from alcohol or other drugs. What would you do?
- A parent volunteer goes over to her child when he misbehaves. How would you respond?
- The mother of a three-year-old insists that her child be taught letters and numbers. What would you do?
- If you were reading a story to a group of three-year-olds and one child becomes distressed and begins to wander, what would you do?
- How would you react to a child painting herself?
- Do you think there are any reasons to treat boys and girls differently?
- What is your responsibility for understanding the culture of a new immigrant child in your classroom? Why? How would you begin to understand the culture and deal with the new child?

Adapted from Chalufour, 1., *Effective Hiring Practices: A Look at Personality, Attitudes. and Skills*, The New England Resource Center, EDC, 1993.

Exhibit 4 *A Checklist for Developing A Crisis Plan*

- Provide a forum for teachers, specialists, and administrators to develop a crisis plan.
- With your staff, examine relevant policies, such as confidentiality and reporting procedures for child abuse and neglect.
- Identify who, in the program, should be contacted when different types of crises occur. Distribute this list to all staff.
- Offer staff development for teachers, specialists, and administrators that helps them recognize the warning signals that a crisis is occurring; provide support for children and families who are undergoing crises; and understand the procedures for facilitating referrals and consultations to outside agencies.
- Develop relationships with community agencies that can provide consultation to your program and services for students and families.
- Develop a procedure for working with families. The procedure may vary according to the type of crisis.
- Identify specialists within your district and community who can offer assistance to students and staff when coping with crises.
- Inform parents about the crisis plan, and encourage them to tell staff when a crisis is occurring at home, so that teachers and specialists can gain an understanding of the child's situation and provide the needed support. Ensure parents that all information will be kept confidential.
- Offer support groups for parents about how to help children during crisis.
- Work with teachers and parents to evaluate the effectiveness of the crisis plan.

Exhibit 5 *Identifying Community Resources – A Worksheet*

Community Resources	*Local Agency*	*Children's Development*	*Parent Support*	*Staff*	*Contacts Development*	*Action Steps*
Education						
State Department of Education						
LEA						
Community colleges						
Vocational and technical colleges						
Universities						
Libraries						
Literacy projects						
Health and Mental Health						
Hospitals						
Clinics						
Physical therapy						
Occupational therapy						
Visiting Nurse Association						
Rape crisis centers						
Women's crisis centers						
Battered women's shelters						
Mental health centers						
Alcohol/drug prevention programs						
Alcohol/drug treatment centers						
Social Services						
Employee assistance programs						
Family development centers						
Family assistance						
Community centers						
Child protective programs						
Private charities						

Exhibit 6 *Improving Core Services to Children – A Worksheet*

Use this worksheet to help you decide which interventions to implement. First, rate each intervention as a high or a low priority. Then, based on your experience in your own program, rate each intervention in the space provided, either high (H) or low (L), in the following dimensions: additional resources, length of time, change in philosophy, change in policy. For example, you might feel that it takes low numbers of people resources to modify enrollment policies. In that case, you would mark "L" in the space provided. Keep notes on any other issues that you feel may arise. Finally, use this information to assess which intervention(s) to implement first.

INTERVENTION		WHAT IT TAKES TO IMPLEMENT					
		Additional Resources					
	Priority	*People*	*Materials*	*Dollars*	*Length of Time*	*Changes in Philosophy*	*Changes in Policy*
Extend Length of Stay for Some Children							
Carry Out Mixed-Age Grouping							
Modify Staff-to-Child Ratio and Class Size							
Bring Specialists Into the Classroom							
Minimize Daily Transitions and Distractions							
Conduct Effective Ongoing Classroom Assessment							
Support Parents' Involvement in Their Children's Development							

Exhibit 7 *Strategies for Improving Program Support – A Worksheet*

Use this worksheet to help you decide which strategies to emphasize. First, rate each strategy as a high or low priority. Second, based on your experience in your own program, please rate each strategy in the space provided, either high (H) or low (L), in the following dimensions: additional resources, length of time, change in emphasis. Note any other issues that you feel may arise.

STRATEGY		WHAT IT TAKES TO IMPLEMENT				
		Additional Resources				
	Priority	*People*	*Materials*	*Dollars*	*Length of Time*	*Changes in Emphasis*
Facilitate Program Transitions						
Enrich Staff Capacity Through Training						
Provide Constructive Supervision						
Consider Personality Characteristics When Hiring New Staff						
Review and Adapt Existing Program Policies						
Promote Interagency Collaboration						

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